

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90043 011 \*\*\*158.75

<b>DOCUMENT # P95000031637</b> 1. Entity Name <b>SQUITTER ELECTRONICS, INC.</b>			
Principal Place of Business <b>792 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 US</b>		Mailing Address <b>792 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 US</b>	
2. Principal Place of Business <b>601 N. CONGRESS AV. STE 303</b> Suite, Apt. #, etc. <b>STE 303</b> City & State <b>DELRAY BEACH, FL</b> Zip <b>33445</b> Country <b>US</b>		3. Mailing Address <b>601 N. CONGRESS AV. STE 303</b> Suite, Apt. #, etc. <b>STE 303</b> City & State <b>DELRAY BEACH, FL</b> Zip <b>33445</b> Country <b>US</b>	
4. FEI Number <b>65-0600607</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01312005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>MCMILLEN, MARY L 792 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>601 N. CONGRESS AV. STE 303</b> City <b>DELRAY BEACH FL</b> Zip Code <b>33445</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <b>MARY LOU MCMILLEN</b> <i>Mary Lou McMillen</i> <b>Jan. 31, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD NAME MELO, AJAX STREET ADDRESS 792 S. MILITARY TRAIL CITY-ST-ZIP DEERFIELD BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>601 N. CONGRESS AV. STE 303 DELRAY BEACH, FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST MCMILLEN, MARY L 792 S. MILITARY TRAIL DEERFIELD BEACH, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>601 N. CONGRESS AV. STE 303 DELRAY BEACH, FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Mary Lou McMillen</b> <i>Mary Lou McMillen</i> <b>Jan. 31, 2005</b> <b>561-266-0077</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			