2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2007 08:00 AM **Secretary of State DOCUMENT # P96000049866** ZORTRON ENTERPRISES, INC Principal Place of Business Mailing Address PO BOX 640697 PO BOX 640697 **BEVERLY HILLS, FL 34464** BEVERLY HILLS, FL 34464 No Chg-P CR2E034 (11/05) 02262007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3383637 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent CONTI, NICHOLAS J DO NOT WRITE 33 S DAVIS ST BEVERLY HILLS, FL 34465 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D CONTI, NICHOLAS J NAME 33 S DAVIS ST STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS, FL TITLE 000000667056 03/26/07-80013-007 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-SJ-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP HILF NAME STREET ADDRESS CITY-ST-7IP

NYED NAME OF BIGNING OFFICER OR DIRECTOR

FILED