

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066997

Entity Name: XTRONIX, INC.

FILED
Mar 09, 2005
Secretary of State

Current Principal Place of Business:

16602 PALM ROYAL DR
#1516
TAMPA, FL 33647 US

Current Mailing Address:

PO BOX 291220
TAMPA, FL 33687 US

New Principal Place of Business:

16610 PALM ROYAL DR
#917
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3397013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, H S III
611 WEST AZEELE STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KARP, HOWARD R
Address: 16602 PALM ROYAL DR #1526
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: JOY WALSTON,
Address: 3404 W WALLCRAFT AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: KARP, HOWARD R
Address: 16610 PALM ROYAL DR #917
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD R. KARP

PRES

03/09/2005

Electronic Signature of Signing Officer or Director

Date