2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 11, 2005 08:00 AN DOCUMENT # P96000089005 **Secretary of State** DEMITRON INDUSTRIES, INC. Principal Place of Business Mailing Address 17 PINEHILL DRIVE 17 PINEHILL DRIVE INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 05092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3408165 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **GRAMMENOS, DIMITRIOS** DO NOT WRITE 17 PINEHILL DR INDIALANTIC, FL 32903 IN THIS SPACE 5. 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. Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. MILE U00000366187 GRAMMENOS, DIMITRIOS NAME 05/11/05-80034-017 150.00 17 PINEHILL DRIVE STREET ADDRESS INDIALANTIC, FL 32903 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-57-235 TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE

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 impowered to execute this hiport 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, will all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-724-0006

FILED