


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90302 050 ***150.00

DOCUMENT # S06378	
1. Entity Name TREMRON, INC.	

Principal Place of Business 11321 NW 138TH STREET MIAMI, FL 33178 US	Mailing Address 11321 NW 138TH STREET MIAMI, FL 33178 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2885 St. Clair St. Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
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Zip 32254	Country US
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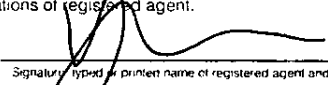
40068551



04262005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SCHNEIDER, LAZARUS C/O BERGER-SINGERMAN 350 E. LAS OLAS BLVD., STE. 1000 FT. LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent Name Huques CARDON Street Address 2885 St. Clair St. City JACKSONVILLE State FL Zip Code 32254	
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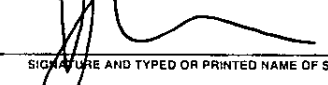
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/26/2005	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete DP CARON, MICHAEL A 800 BOUL PIERRE TREMBLAY ST JEAN QUEBEC, CN J2K 4W8
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete DS PACITTI, EDILIO 11321 NW 138TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete DVP PACITTI, MARISA 11321 NW 138TH STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete DVP CARON, HUGUES 2885 ST. CLAIR ST. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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: 	4/26/2005	904-359-5900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>