## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S06378

Entity Name: TREMRON, INC.

CARON, HUGUES

2885 ST.CLAIR ST.

JACKSONVILLE, FL 32254

Name:

Address:

City-St-Zip:

FILED May 01, 2006 Secretary of State

	······································	714, 114C.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
11321 NW MIAMI, FL	/ 138TH STRE 33178 US	ET			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2885 ST C JACKSON	CLAIRE ST IVILLE, FL 322	254 US			
FEI Number	: 65-0238002	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent	: Name and Address of	New Registered Agent:	
	CLAIR ST IVILLE, FL 322		he purpose of changing its registered	office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU		<del> </del>			
	Electror	nic Signature of Registered	Agent	Date	
		3(2)(b), F.S., the corporation di g Trust Fund Contribution ( ).	id not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CARON, MICAL 800 BOUL PIE	) Delete HEL A RRE TREMBLAY BEC, CN J2K 4W8	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DS ( PACITTI, EDILI 11321 NW 138 MIAMI, FL		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP ( PACITTI, MARI 11321 NW 138 MIAMI, FL 331	TH STREET	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	DVP (	) Delete	Title: (	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HUGUES CARON VP 05/01/2006