


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # S09027 1. Entity Name TRI-TECH ANALYTICAL, INC.	
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Principal Place of Business 7240 OLD CHENEY HWY ORLANDO, FL 32807 US	Mailing Address P.O. BOX 140966 ORLANDO, FL 32814 US
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DO NOT WRITE IN THIS SPACE



05152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3028622	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRYTEK, LINDA 5225 ABELIA DRIVE ORLANDO, FL 32819
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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: Raymond Trytek (NOTE: Registered Agent signature required when reinstating) DATE: 5/16/07

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	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-ST-ZIP	P TRYTEK, LINDA 5225 ABELIA DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRYTEK, RAYMOND 5225 ABELIA DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAL, TAMARA 5205 CONCH CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I 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.

SIGNATURE: Raymond Trytek DATE: 5/16/07 DAYTIME PHONE #: 407 275-8463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR