

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09027

FILED
Apr 02, 2009
Secretary of State

Entity Name: TRI-TECH ANALYTICAL, INC.

Current Principal Place of Business:

7240 OLD CHENEY HWY
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 140966
ORLANDO, FL 32814 US

New Mailing Address:

FEI Number: 59-3028622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRYTEK, LINDA
5225 ABELIA DRIVE
ORLANDO, FL 32819 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: P () Delete
Name: TRYTEK, LINDA
Address: 5225 ABELIA DR
City-St-Zip: ORLANDO, FL 32819

Title: V () Delete
Name: TRYTEK, RAYMOND
Address: 5225 ABELIA DR
City-St-Zip: ORLANDO, FL 32819

Title: ST () Delete
Name: LAL, TAMARA
Address: 5205 CONCH CT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: RAYMOND TRYTEK

V

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date