

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20335

Entity Name: CONTRONEX, INC.

FILED
Mar 13, 2008
Secretary of State

Current Principal Place of Business:

660 9TH ST N
SUITE 25
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

660 9TH ST N
SUITE 25
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0235046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER BEAT
660 9TH STREET NORTH
SUITE 25
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

KRAMER, BEAT M PRES
660 9TH STREET NORTH
SUITE 25
NAPLES, FL 34102 US

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: BEAT KRAMER

03/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KRAMER, BEAT M
Address: 660 9TH STREET NORTH, SUITE 25
City-St-Zip: NAPLES, FL 34102

Title: VTS () Delete
Name: KRAMER, CLAUDIA G
Address: 660 9TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLAUDIA GUJA KRAMER

CFO

03/13/2008

Electronic Signature of Signing Officer or Director

Date