2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# S92621

Entity Name: AEROTRON-REPCO SYSTEMS, INC.

Current Principal Place of Business:

1051 WINDERLEY PLACE
SUITE 205
MAITLAND, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

1051 WINDERLEY PLACE
SUITE 205
MAITLAND, FL 32779 US

New Mailing Address:

FEI Number: 59-3094477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARY, CHRISTINE
1051 WINDERLEY PLACE
SUITE 205
MAITLAND, FL 32779 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: DCOP ( ) Delete
Name: KOSTANTINIDIS, ANTHONY N
Address: 6705 FAIRVIEW COVE
City-St-Zip: ORLANDO, FL 32808

Title: VPST ( ) Delete
Name: CARY, CHRISTINE
Address: 1640 SWEETWATER WEST CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: DCOP ( ) Delete
Name: MC MAHON, ROBERT W
Address: ALAQUA DR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPST (X) Change ( ) Addition
Name: CARY, CHRISTINE
Address: 242 CAMBRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: DCOP (X) Change ( ) Addition
Name: MC MAHON, ROBERT W
Address: 1900 ALAQUA DR.
City-St-Zip: LONGWOOD, FL 32779

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.

SIGNATURE: CHRISTINE CARY VP 04/10/2006

Electronic Signature of Signing Officer or Director — Date