2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40662

Address:

City-St-Zip:

P. O. BOX 2273

RANCHO SANTA FE, CA

Entity Name: TRU-TECH GROUP INC

FILED Apr 22, 2005 Secretary of State

		orrottoor, iivo.			
Current Principal Place of Business:			New Principal Place of Business:		
3349 ST M PALM BE	MALO CT ACH GARDEN	IS, FL 33410 US			
Current Mailing Address:			New Mailing Address:		
3349 ST MALO CT #900 PALM BEACH GARDENS, FL 33410 US			3349 ST MALO CT PALM BEACH GARDENS, FL 33410 US		
FEI Number	: 65-0350478	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
WEST PA The above	e of Florida.	_ 33401 US	purpose of changing its registere	ed office or registered agent, or both,	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	SD () BLOCH, BEATF 3349 ST. MALC PALM BEACH (CT.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () WIENER, HOW 13245 VERDUN PALM BEACH (N DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FINESTONE, A 2400 PRESIDE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () BLOCH, GERA 21 EAST 87TH NEW YORK, N	ST.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	CEOD () BLOCH, LAURE) Delete ENCE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: A. B. FINESTONE PRES 04/22/2005