


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006360

1. Entity Name
BUZTRONICS, INC.



Principal Place of Business
**4343 W. 62ND STREET
 INDIANAPOLIS, IN 46268**

Mailing Address
**4343 W. 62ND STREET
 INDIANAPOLIS, IN 46268**

DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1777434

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when re-attesting) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP LEWIS, EDWARD D 4343 W. 62ND STREET INDIANAPOLIS, IN 46268
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANDERSON, TERRY J 4343 W. 62ND STREET INDIANAPOLIS, IN 46268
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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: TERRY J. SANDERSON 3-9-06 317-876-3413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #