2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 607280 1. Entity Name VAN'S ELECTRIC, INC. Principal Place of Business 3599 23RD AVE S SUITE 1 LAKE WORTH, FL 33460 ANNUAL REPORT Mailing Address 3599 23RD AVE S SUITE 1 LAKE WORTH, FL 33460

FILED May 27, 2008 8:00 am Secretary of State

05-27-2008 90036 029 ***150.00

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		failing Address			
3599 23RD SUITE 1		3599 23RD AVE S Suite 1	•	· ·	
		LAKE WORTH, FL 33460			
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DO NOT WRITE IN THIS SPAC			J E	4. FEI Number Applied For 59-1884047 Not Applicable	
•				\$9.75	
				5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent					
VANDER WOUDE, JAMES A					
316 ORANGE TREE DRIVE			DO NOT WRITE		
ATLANTIS, FL 33462			IN THIS SPACE		
√ +					
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. If am familiar with, and accept the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title	al applicable. (NOTE: Registere	d Agent signature required	ed when reinstating) DATE	
		6 Floring Compains Figure		- 00	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 9. Election Campaign Finar Trust Fund Contribution. 		5.00 May Be Ided to Fees	
		сторе	T		
TITLE	OFFICERS AND DIRE	CIORS	1		
NAME	VANDER WOUDE, JAMES A				
STREET ADDRESS	316 ORANGE TREE DR.				
CITY-ST-ZIP	ATLANTIS, FL 33462		1		
TITLE	VANDERWOUDE SCORT				
NAME STREET ADDRESS	VANDERWOUDE, SCOTT 1329 CARIBBEAN WAY				
CITY-ST-ZIP	LAKE WORTH, FL 33462				
TITLE	PD		1		
NAME	VANDERWOODE, CHRISTOPHER				
STREET ADDRESS	316 ORANGE TREE DR APT B			DO NOT WRITE	
CITY-ST-ZIP	LAKE WORTH, FL 33462				
TITLE NAME				IN THIS SPACE	
STREET ADDRESS					
CITY-ST-ZIP					
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STREET ADDRESS	1				
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TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP				* · · · · · · · · · · · · · · · · · · ·	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08

561) Daytime Phone #