2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72635

Entity Name: TORRES ELECTRICAL SUPPLY COMPANY, INC.

FILED Jan 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3190 SE DOMINICA TERR. 3190 SE DOMINICA TERR PO BOX 1908 STUART, FL 34997 STUART, FL 34995

New Mailing Address: Current Mailing Address:

3190 S.E. DOMINICA TERRACE PO BOX 1908 P.O. BOX 1908 STUART, FL 34995

STUART, FL 34995

FEI Number: 57-0528722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSCAR L. TORRES TORRES, OSCAR L PTD 3190 SE DOMINICA TERR 3190 SE DOMINICA TERR PO BOX 1908 STUART, FL 34997 STUART, FL 34995 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: OSCAR L. TORRES 01/25/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete TORRES, AYMEE G Name: 3190 DOMINICA TERRACE Address: City-St-Zip: STUART, FL 34997 US

Title: PTD () Delete TORRES, OSCAR L., JR, Name: 3190 DOMINICA TERRACE Address: STUART, FL 34997 US City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition Name: TORRES, AYMEE G VSD 3190 DOMINICA TERRACE Address: City-St-Zip: STUART, FL 34997 US

Title: (X) Change () Addition

Name: TORRES, OSCAR L PTD Address: 3190 DOMINICA TERRACE STUART, FL 34997 US City-St-Zip:

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: OSCAR L. TORRES PTD 01/25/2007