

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90075 029 ***150.00

DOCUMENT # P96000012500 1. Entity Name BRAD M'S ELECTRIC, INC.					
Principal Place of Business 1551 SOUTHWIND DR NICEVILLE, FL 32578			Mailing Address 1551 SOUTHWIND DR NICEVILLE, FL 32578		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3362186	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PETERSON, JOHN D 912 S PALM BLVD STE E NICEVILLE, FL 32578				7. Name and Address of New Registered Agent Douglas T. Ingram, Jr. 912 S. Palm Blvd. Ste E Niceville FL 32578	
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: <u><i>[Signature]</i></u> Douglas T. Ingram, Jr. DATE: 04/07/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P METCALFE, BRADLEY G 1551 SOUTHWIND DR NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUTHERLAND, KEVIN 639 LONG DRIVE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James G. Lee 228 Lincoln Ave. Napa, CA 94558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James G. Lee 228 Lincoln Ave. Napa, CA 94558	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>[Signature]</i></u> Bradley G. Metcalfe DATE: 04/13/05 DAYTIME PHONE #: 850-845-0898 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					