2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 08:00 AM **Secretary of State DOCUMENT # 370189** 1. Emily Name GUST ELECTRIC, INC. Principal Place of Business Maling Address 31800 SW 195 AVE 31800 SW 195 AVE HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 US 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1307319 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GUST, GERALD W. DO NOT WRITE 31800 S.W. 195TH AVENUE HOMESTEAD, FL 33030 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, syped or priced nerve of registered egent and the it expolicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May 8e Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GUST, GERALD W MAME STREET ADDRESS 31800 SW 195 AVE CHY-ST-ZEP HOMESTEAD, FL 33030 U00000007171 01/20/04-80013-004 150,00 78**1**3 E NAME STREET ADDRESS CITY-\$1-21P TOTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HITLE IN THIS SPACE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS.

12. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes if 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 recipiver or thustee 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 attackright with an address, with/all other like empowered.

CHTY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR