

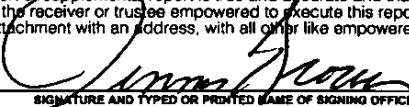


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90092 045 \*\*\*150.00

<b>DOCUMENT # 394734</b> 1. Entity Name <b>AAA ELECTRICAL CONTRACTORS, INC.</b>					
Principal Place of Business <b>6636 INDUSTRIAL AVE. PORT RICHEY, FL 34668</b>			Mailing Address <b>6636 INDUSTRIAL AVE. PORT RICHEY, FL 34668</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1378416</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BROWN, DENNIS 6417 SWEETGUM DR N PORT RICHEY, FL 34655</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>17824 Crawley Road</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BROWN, DENNIS 6417 SWEETGUM DR NEW PORT RICHEY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	17824 Crawley Road Odessa, FL. 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWN, TYSON K 6417 SWEETGUM DR NEW PORT RICHEY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, Director 15350 Amberly Dr. Apt. 411 Tampa, FL. 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KELLY, JAMES N 8701 WABASH LANE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Brown, Cheryl 17824 Crawley Road Odessa, FL. 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b>  <b>Dennis Brown, Pres.</b> April 9, 2007    727/847-2357 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.      Date      Daytime Phone #</small>					