2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 512041

Entity Name: ELECTRICAL SUPPLIES, INC.

Current Principal Place of Business:

13395 NW 107 AVE
MIAMI, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

13395 NW 107 AVE
MIAMI, FL 33018 US

New Mailing Address:

FEI Number: 59-1687640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEGAL, FRED
13395 NW 107 AVE
MIAMI, FL 33018 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SEGAL, FRED
Address: 13395 NW 107 AVE.
City-St-Zip: MIAMI, FL

Title: VSD ( ) Delete
Name: HINDS, NORMAN
Address: 13395 NW 107 AVE.
City-St-Zip: MIAMI, FL

Title: P ( ) Delete
Name: SEGAL, JAMES
Address: 13395 NW 107 AVE.
City-St-Zip: MIAMI, FL

Title: V ( ) Delete
Name: DEVONA, ROBERT
Address: 13395 N.W. 107TH AVE.
City-St-Zip: MIAMI, FL 33016

Title: T ( ) Delete
Name: LAUTENSLAGER, DAVID
Address: 13395 NW 107TH AVE
City-St-Zip: MIAMI, FL 33018

Title: V ( ) Delete
Name: HINDS, JOHN
Address: 13395 NW 107TH AVE
City-St-Zip: MIAMI, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID LAUTENSLAGER T 01/26/2009

Electronic Signature of Signing Officer or Director Date