2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 10, 2007 08:00 AM **DOCUMENT # 521853 Secretary of State** 1. Entity Name BERISH ELECTRICAL CONTRACTORS, INC. Principal Place of Business Mailing Address 3139 MEDINAH CIR. W. 3139 MEDINAH CIR. W. P O BOX 5664 (33466) LAKE WORTH, FL 33467 P O BOX 5664 (33466) LAKE WORTH, FL 33467 CR2E034 (11/05) 07032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1710382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERISH, PATRICK E DO NOT WRITE 3139 MÉDINAH CIR, W LAKE WORTH, FL 33467 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. I am familiar with, and accept the obligations of registered agent. OMIOZĄŽ-860\$4-010 150.00 Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature registred when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE BERISH, PATRICK E. NAME STREET ADDRESS 3139 MEDINAH CIRCLE W. LAKE WORTH, FL CITY-ST-ZIP TITLE NAME BERISH, PATRICK E. STREET ADDRESS 3139 MEDINAH CIRCLE W. LAKE WORTH, FL CATY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-732 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 with all other like empowered.

SIGNATURE:

CITY-ST-ZIP राहा ह NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGN