

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530536

FILED
Jan 11, 2008
Secretary of State

Entity Name: NORTH RIDGE ELECTRIC, INC.

Current Principal Place of Business:

1150 SW 10TH AVENUE #203W
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1150 SW 10TH AVENUE #203W
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-1729969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKDULL, JAYNE R
1400 CENTREPARK BLVD
SUITE 1000
WEST PALM BEACH, FL 33401 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: P () Delete
Name: POOLE, RODNEY G
Address: 4200 STATE ROAD 7
City-St-Zip: LAKE WORTH, FL 33467

Title: ST () Delete
Name: POOLE, MICHELE M
Address: 4200 STATE ROAD 7
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: MALKIN, MICHAEL
Address: 226 CYPRESS TRACE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: LIPSCOMB, SCOTT
Address: 1321 NE 25TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

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:

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: LIPSCOMB, SCOTT

VP

01/11/2008

Electronic Signature of Signing Officer or Director

Date