2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90144 047 ***150.00

DOCUMENT # 587547

1. Entity Name

AMP ELECTRIC, INC.

Principal Place of Business	Mailing Address
3010 S.W. 14 PLACE #14 BOYNTON BEACH FL 33426 US	P.O. BOX 243579 BOYNTON BEACH FL 33424 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
3010 SW 14 Place	P.O Box 243579
Suite, Apt. #, etc.: Suite 14	Suite, Apt. #, etc.
City & State: Boynton Beach FL	City & State: Boynton Beach FL
Zip: 33426 Country: US	Zip: 33424 Country: US

4. FEI Number 59-1848703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FALATICK, WILLIAM D.
4518 GLENEAGLES DR.
DELRAY BEACH, FL
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name: William D. Falatick
Street Address (P.O. Box Number is Not Acceptable): 4518 Gleneagles Drive
City: Boynton Beach FL Zip Code: 33436

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: Pres DATE: 4/24/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FALATICK, CAROLYN R.		NAME	
STREET ADDRESS	4819 GLENEAGLES DR.		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	
TITLE	PTD.	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FALATICK, WILLIAM D		NAME	
STREET ADDRESS	4819 GLENEAGLES DR.		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Pres 4/24/06 561-737-1757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #