2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # 589941** 1. Entity Name SCOTT ELECTRIC APPLIANCES, INC. Mailing Address Principal Place of Business 4020 S.W. 95TH AVENUE MIAMI FL 33165 4020 S.W. 95TH AVENUE MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0244549 Not Applicable Zip Ζp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, DAVID W. 16820 S.W. 276TH STREET Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33165 Zip Code 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 Signature, typed or printed name of registered egent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition PD Delete TITLE TITLE SCOTT, DAVID W. NAME Unon00343319 4051 S.W. 96TH AVE STREET ADDRESS STREET ADDRESS 04/29/05-80091-005 150.00 MIAMI FL CITY - ST - ZIP CITY ST-ZIP Addition VD Delete TITLE THILE SCOTT, MARK A. NAME 4051 S.W. 96TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition ☐ Delete Change THE HILL SCOTT, PEGGY J. MARIE STREET ADDRESS STREET ADDRESS 4051 S.W. 96TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition THLE ☐ Delete THE Change STREET ADDRESS STREET ADDRESS CHY-SI-71P CITY-ST-ZIP ☐ Addiiii ☐ Change THILE 🔲 Dēlete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR