2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Jan 26, 2005 08:00 AM **DOCUMENT # 646261** Secretary of State 1. Entity Name ALL YEAR ELECTRIC, INC. Principal Place of Business Mailing Address 1345 NE 4TH AVENUE 1345 NE 4TH AVENUE FT. LAUDERDALE, FL 33304 US FT. LAUDERDALE, FL 33304 HS 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1998685 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, THOMAS A DO NOT WRITE 13061 SW 30TH CT DAVIE, FL 33330 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. SIGNATURE. Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SMITH, THOMAS A NAME U00000136632 STREET ADDRESS 13061 SW 30 COURT 01/26/05-80074-022 150.00 CITY-ST-ZIP **DAVIE, FL 33330** TITLE MAME SMITH, GRETA B. STREET ADDRESS 1710 S.W. 55TH AVE. CITY-ST-ZIP PLANTATION FL, TITLE NAME SMITH, THOMAS S., STREET ADDRESS 1710 S.W. 55TH AVE DO NOT WRITE PLANTATION FL, CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with any address, with all other like empty bered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED