

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90025 006 \*\*\*150.00

<b>DOCUMENT # 646261</b> 1. Entity Name <b>ALL YEAR ELECTRIC, INC.</b>					
Principal Place of Business <b>1345 NE 4TH AVENUE</b> <b>FT. LAUDERDALE, FL 33304 US</b>			Mailing Address <b>1345 NE 4TH AVENUE</b> <b>FT. LAUDERDALE, FL 33304 US</b>		
2. Principal Place of Business <b>1345 NE 4TH AVE</b> Suite, Apt. #, etc		3. Mailing Address <b>1345 NE 4TH AVE</b> Suite, Apt. #, etc			
City & State <b>Fort Lauderdale, FLA</b>		City & State <b>(SAME)</b>		4. FEI Number <b>59-1998685</b>	
Zip <b>33304</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, THOMAS A</b> <b>13061 SW 30TH CT</b> <b>DAVIE, FL 33330</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u><i>Thomas A. Smith</i></u> DATE <u>1-20-06</u> <small>Signature typed or printed and completed agent's name if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, THOMAS A 13061 SW 30 COURT DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Thomas A. Smith II</b> <b>6161 SW 21 Street</b> <b>Plantation, FL 33317</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, GRETA B. 1710 S.W. 55TH AVE. PLANTATION FL.	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ERIN SMITH</b> <b>6161 SW 21 Street</b> <b>Plantation, FL 33317</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, THOMAS S., 1710 S.W. 55TH AVE PLANTATION FL.	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Audrey Smith</b> <b>13061 S.W. 30 Court</b> <b>DAVIE FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>THOMAS A. SMITH</i></u> <u><i>Thomas A. Smith</i></u> 1-20-06 (954-566-4644) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					