


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # F03000003788 1. Entity Name ALBERT BROWN ELECTRIC, INC.		
Principal Place of Business 146 QUARRY RD N. WILKESBORO, NC 28659	Mailing Address P.O. BOX 1527 N. WILKESBORO, NC 28659	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COTTRELL, GERALDINE 85 WESLEY COURT BALDWIN, FL 32234		DO NOT WRITE 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 <u><i>Geraldine Cottrell</i></u> DATE <u>1/20/06</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BROWN, ALBERT L 189 HILLSIDE RD HAYS, NC 28635	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, VEA R 3858 FISHING CREEK RD N WILKESBORO, NC 28659	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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>Albert Brown</i></u> DATE <u>1/20/06</u> 336-838 5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2246217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/25/06-80040-022 150.00

**DO NOT WRITE
IN THIS SPACE**