

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90133 003 \*\*\*158.75

<b>DOCUMENT # F05000000861</b> 1. Entity Name <b>BETA ELECTRICAL SERVICES, INC.</b>			
Principal Place of Business P.M.B. 143 6908 MATTHEWS-MINTHILL ROAD CHARLOTTE, NC 28227		Mailing Address P.M.B. 143 6908 MATTHEWS-MINTHILL ROAD CHARLOTTE, NC 28227	
2. Principal Place of Business <b>7110 BRIGHTON PARK DR.</b> Suite, Apt. #, etc. <b>400</b>		3. Mailing Address <b>7110 BRIGHTON PARK DR.</b> Suite, Apt. #, etc. <b>400</b>	
City & State <b>CHARLOTTE, N.C.</b> Zip <b>28227</b>		City & State <b>CHARLOTTE, N.C.</b> Zip <b>28227</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>56-1530913</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAYCE, BARBARA</b> <b>6613 AZALEA ST.</b> <b>PANAMA CITY, FL 32404</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CAMPBELL, MICHAEL D</b> <b>14004 MAPLE HOLLOW LANE</b> <b>CHARLOTTE, NC 28227</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>CAMPBELL, SUSAN M</b> <b>14004 MAPLE HOLLOW LANE</b> <b>CHARLOTTE, NC 28227</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Michael Daniel Campbell</i></u> <b>MICHAEL DANIEL CAMPBELL</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>MARCH 10, 2006</u> <u>704-545-6800</u> <small>Date Daytime Phone #</small>	