2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004511

Entity Name: COLORADO ELECTRIC SUPPLY LIMITED, INC.

FILED Jul 09, 2007 Secretary of State

Current Pri	incipal Place of Business:	New Principal Place of Business:
6827 N. ORANGE BLOSSOM TRAIL, SUITE 2 ORLANDO, FL 32810		6827 N. ORANGE BLOSSOM TRAIL SUITE 2 ORLANDO, FL 32810
Current Mailing Address:		New Mailing Address:
6827 N. OR ORLANDO,	ANGE BLOSSOM TRAIL, SUITE 2 FL 32810	6827 N. ORANGE BLOSSOM TRAIL SUITE 2 ORLANDO, FL 32810
FEI Number:	52-2320485 FEI Number Applied For (FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	Address of Current Registered Ager	: Name and Address of New Registered Agent:
SEISER, BF 6827 N. OR ORLANDO,	ANGE BLOSSOM TRAIL, SUITE 2	HENDERSON, JAMES 6827 N. ORANGE BLOSSOM TRAIL SUITE 2 ORLANDO, FL 32810 US
The above in the State		he purpose of changing its registered office or registered agent, or both,
SIGNATUR	E: JAMES HENDERSON	07/09/2007
	Electronic Signature of Registere	Agent Date
Election Cam	e with s. 607.193(2)(b), F.S., the corporation paign Financing Trust Fund Contribution() AND DIRECTORS:	id not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DP () Delete JACKSON, ALAN 141 FARMER WARD ROAD, KENILWORTH WARWICKSHIRE, ENGLAND CV8-2S, XX	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete YALLOP, TERRENCE 141 FARMER WARD ROAD, KENILWORTH WARWICKSHIRE, ENGLAND CV8-2S, XX	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete JACOBS, MARK 10 NORTHCLIFFE DRIVE TOTTERIDGE LONDON, ENGLAND N20-8JZ,	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete LAWSON, JAMES 2589 OSCAR JOHNSON DRIVE NO. CHARLESTON, SC 29405	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete SWANSON, RUSSELL 11101 SO. CORWN WAY UNIT 8 WELLINGTON, FL 33414	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	VP () Delete	Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOU DOBON VP 07/09/2007