-2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

| | AITITORE | | | _ | Cannot | arry of Ctata |
|---|--|---|-------------------------------|-------------------------------------|------------------------|---|
| DOCUMENT # F42038 1. Entity Name ARON ELECTRIC, INC. | | , e.e. | | | Secret | ary of State |
| Principal Plac 273B-20 AV ST PETE, FL | | Mailing Address 2738-20 AVE NORTH ST PETE, FL 33713 | | | | . ESETH ESEST OVER OVER OTEN ENWEET I VESE |
| C | OO NOT WRITE | | CE | 04262006 4. FEI Number 59-225 | No Chg-P | CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required |
| 6519 CEN | 6. Name and Address of Current Re 6. & WILLIAMS TRAL AVE RSBURG, FL 33710 | gistered Agent | DO NOT WRITE IN THIS SPACE | | | |
| 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 privide name of registered agent and title if applicable (NOTE: Registered Agent signature required when refinishing) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be | | | | | | |
| After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. | | | | ed to Fees | | |
| 10. TITLE NAME | PSD VINCIGUERRA, JOHN | RECTORS | | | | |
| STREET ADDRESS CDFY+ST-ZIP | 5037 12TH AVE., NORTH ST PETERSBURG, FL 00000, | | 1 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VINCIGUERRA, JOHN JR 5037 12TH AVE., NORTH ST. PETERSBURG, FL | | | | 05/11/06- 05/11/06- | 0543653 -80002-010 150.00 |
| THILE NAME STREET ADDRESS CITY-ST-ZIP | D VINCIGUERRA, DANIEL 5037 12TH AVE., NORTH ST. PETERSBURG, FL | | | DO | NOT W | RITE |
| TITLE NAME STREET ADDRESS CITY-SF-ZIP | | | | IN . | THIS SF | PACE |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | | | |
| TITLE NAME | | | 1 | | | |

12. Thereby certify that the information supplied with this filling 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 it 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP

THE ARD THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 727-31-5231