2005 FOR PROFIT CORPORATION

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# ANNUAL REPORT				Feb 24, 2005 08:00 Al			
DOCUN	ИENT # F51459	2613		Sec	retary (of State	
1. Entity Name ALADDIN WARD ELECTRIC & AIR, INC.							
AUNOBIIA	TO LELECTRIC COM, IN	.					
Principal Place	of Business	Mailing Address					
7011 15TH S SARASOTA, FI		7011 15TH ST E Sarasota, Fl. 34243					
SANASOTA, II	L 34243	SHIVISOTIC IL STETS		, and the same	r Silet Mais Stant 2015 121	1 BIRST BIRST BIRST BIRST	Drait Albumat 14 (All)
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U	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb 59-213			Applied For Not Applicable
						□ \$8.	75 Additional
	The same and a control of the same and the s			5. Certificate	of Status Desired		Required
	6. Name and Address of Current R	agistered Agent	Martin Control Control Control Control	en en en en en en e n en	Magnetic de la company de la c		
HICKS, DAVID H			:	DO	NOT W	RITE	•
530 HABITAT BLVD OSPREY, FL 34229					THIS SE		
				IIV	100 21	ACE	
			,				
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent ar	David Hicks	ered Agent signature require			2/21/0	5
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	S. Election Campaign Fina Trust Fund Contribution		.00 May Be ded to Fees			
10.	OFFICERS AND D	NIFIECTORS			uooopa	42118	of process are as
TITLE NAME	D BENNETT, MICAHELS	<u> </u>			U2/24/05-E	10074-002	130. 00
STREET ADDRESS	7056 HAWKS HARBOR CIRCLE						
CITY-ST-ZIP	BRADENTON, FL 34207			#1			
TITLE	V BROWN, STEVEN C.					·	**
STREET ADDRESS	13634 7TH AVE CIR NE		-				
CITY-ST-ZIP	BRADENTON, FL 34212			· · · · · · · · · · · · · · · · · · ·			
TITLE	HICKS, DAVID		1 .				
STREET ADDRESS	530 HABITAT BLVD			DO	NOT V	VRITE	
CITY-ST-ZIP	OSPREY, FL 34229						
TITLE NAME				IN	THIS S	PACE	
STREET ADDRESS							
CITY-ST-ZIP				e de la companya de			
NAME							•
STREET ADDRESS							
CITY-ST-ZIP					*		
TITLE							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Javid Hicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR