

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006710

FILED  
Jul 18, 2006  
Secretary of State

Entity Name: NORTH AMERICAN CABLE EQUIPMENT, INC.

## Current Principal Place of Business:

1085 ANADREW DR.  
#A  
WEST CHESTER, PA 19380

## Current Mailing Address:

1085 ANADREW DR.  
#A  
WEST CHESTER, PA 19380

## New Principal Place of Business:

1085 ANDREW DRIVE  
SUITE A  
WEST CHESTER, PA 19380

## New Mailing Address:

1085 ANDREW DRIVE  
SUITE A  
WEST CHESTER, PA 19380

FEI Number: 23-2692118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEUGELSDYK, DAVID  
2140 NORTH 57TH WAY  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

MARTINEZ, ELIZABETH  
9551 PARK LANE  
PLANTATION, FL 33324 US

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.

SIGNATURE: ELIZABETH MARTINEZ

07/18/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: SAGER, ED  
Address: 570 NOTTINGHAM DRIVE  
City-St-Zip: YARDLEY, PA 19067

Title: P ( ) Delete  
Name: STARR, AARON  
Address: 1704 NEW MARKET COURT  
City-St-Zip: WEST CHESTER, PA 19382

Title: V ( ) Delete  
Name: RUFO, LAWRENCE  
Address: 3311 NORMA DRIVE  
City-St-Zip: THORNDALE, PA 19372

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: STARR, AARON  
Address: 1180BERWICK DRIVE  
City-St-Zip: WEST CHESTER, PA 19382

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON STARR

P

07/18/2006

Electronic Signature of Signing Officer or Director

Date