2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM **CUMENT # H31270 Secretary of State** ELECTRIC, INC. l Mailing Address Place of Business 120 LAKE DRIVE DEBARY FL 32713 AKE DRIVE RY FL 32713 logal Place of Business 3. Mailing Address ie, Apt. #, etc. Suite, Apt. ff, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number v & State 59-2467312 Not Applicat Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAYES, LEONARD I. Street Address (P.O. Box Number is Not Acceptable) 20 LAKE DR DEBARY FL 32713 Zip Code City 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 access £ obligations of registered agent. Signature, typed or preted name of registered agent and title if applicable (NOTE Registered Agent argnature required when reinstating) DATE TALE NOW!!! FEE IS \$150.00 Anter May 1, 2006 Fee Will Be \$550.00 \$5.00 May : 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 1 theck Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Change ☐ Addit τ PDV ☐ Delote TITLE N HAYES, LEONARD NAME STREET ADDRESS \$ 120 LAKE DR CITY-ST-ZIP G DEBARY FL 32713 ☐ Change Delete IIILE 7 HAYES, LINDA MARIE H Undana397**54**8 s 120 LAKE DR STREET ACORESS 01/30/06-80054-001 150.00 CHY-ST-ZIP C DEBARY FL 32713 ☐ Delete TITLE ☐ Change ☐ A::"" T NAME N STREET ADDRESS S CITY-ST-70P £ TITLE ☐ Change □ Addition ť ☐ Defete N \$ STREET ADDRESS CITY-ST-ZIP C ☐ Add™ ☐ Change ☐ Delete TATLE NAME N S STREET ADDRESS ¢ CITY-ST-ZIP ☐ Change □ Additt Ţ ☐ Detete TETLE N NAME s STREET ACCRESS

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nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information wicated 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 direct. 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 1 shanged, or on an attachment with an address, with all other like empowered.

LEONDED I. HAYES 1-19-06 386 GLF-6656

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