2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H75651

FILED Apr 06, 2009 Secretary of State

Entity Name: PHOENIX ELECTRIC COMPANY, INC.

urrent P	Principal Plac	e of Business:	New Principal Plac	e of Business:
100 SUR	N MCDADE RF ROAD, AP1 BEACH, FL 33			
Current Mailing Address:		New Mailing Address:		
100 SUR	N MCDADE RF ROAD, AP1 BEACH, FL 33			
El Number	: 59-2578004	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
P. O. BOX PALM BEA	ACH, FL 3348	30 US	ournoso of changing its registo	red office or registered agent, or both,
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	rea emee or regionalea agent, or bear,
	e of Florida.	submits this statement for the	pulpose of changing its registe	iou ombo or regionariou agent, or sour,
n the Stat	e of Florida.	onic Signature of Registered Ag		Date
n the Stat	e of Florida. RE: Electro			
n the State	e of Florida. RE: Electro	onic Signature of Registered Ag	ent	
the State	e of Florida. RE: Electro mpaign Financii S AND DIREC D (MCDADE, JOI 1100 SURF R	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete	ent	Date
n the Stati IGNATU Jection Cal DFFICER tle: ame: ddress:	e of Florida. RE: Electro mpaign Financin S AND DIRECT D (MCDADE, JOH 1100 SURF R RIVIERA BEAN D (MCDADE, DO 1100 SURF R	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete HN OAD, APT. 105 CH, FL 33404) Delete	ent ADDITIONS/CHAN Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO
the State IGNATU Dection Car DEFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electro mpaign Financii S AND DIREC D (MCDADE, JOI 1100 SURF R RIVIERA BEAR D (MCDADE, DO 1100 SURF R RIVIERA BEAR DS (onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete HN OAD, APT. 105 CH, FL 33404) Delete RIS E. OAD, APT. 105 CH, FL 33404) Delete MANLEY P., JR. ALM WAY	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO () 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: JOHN MCDADE PRES 04/06/2009