2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM Secretary of State DOCUMENT # J29411 1. Entity Name ON TARGET ELECTRIC CO. Principal Place of Business Mailing Address 5475 DOUG TAYLOR CIR. ST. JAMES CITY FL 33956 US C/O SCOTT A.C. SEELEY 75 N WISCONSIN ST. HOBART IN 46342 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0068595 Not Applie: Zip Country Country Zio \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAGGONER, PAUL H. Street Address (P.O. Box Number is Not Acceptable) 5400 PINE ISLAND ROAD, SUITE #D **BOKEELIA FL 33922** 6. 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed martie of registered agent and tinc is applicable tNOTE: Repistered Agent signature required when reinstatings DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DELE ☐ Defete WILE ☐ Change ☐ Ad-NAME SEELEY, SCOTT A. C. NAME STREET ADDRESS BOX 597 N/A STREET ADDRESS U0000U440935 CHY-ST-ZIP **BOKEELIA FL 33922** CITY - ST- 27P ប់5/បំ3/ប៍6-60815-013ក្រីភូព្គិ_{ថ្}ទី២ ក្រ TITLE Delete TITLE NAME NARTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detote DDE ☐ Change ☐ Adi: NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP HILE ☐ Delete MILE Change T Admir MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-7/P TITLE Defete TITLE ☐ Change □ ACC NAME STREET ADDRESS STREET ADDRESS CITY-ST-27P CITY-ST-ZIP TITLE Delete THILE ☐ Change FINANCE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZIP

12. I hereby 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 indicated on this report or supplierhental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or direction the occupantion 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 dranged, or on an attachment with any address; with all other like empowered.

SIGNATURE:

C. SEELEY 2/14/06 219-942-07

FILED