2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # K79461 Apr 20, 2006 08:00 AN t. Entity Name **Secretary of State** INNOVATIVE ELECTRIC, INC. Principal Place of Business Mailing Address % JULIA TIFT P.O. BOX 151216 % JULIA TIFT P.O. BOX 151216 ALTAMONTE SPRINGS FL 32715-1216 ALTAMONTE SPRINGS FL 32715-1216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2939701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIFT, JULIA Street Address (P.O. Box Number is Not Acceptable) 808 VISCAYA LANE **ALTAMONTE SPRINGS FL 32701** City Zip Code 8. 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 accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVT Delete TITLE ☐ Change Addition NAME TIFT, JULIA STREET ADDRESS 808 VISCAYA LANE STREET ADDRESS U00000520889 CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP -05/02/06-80111-016,158, TITLE ☐ Delete TITLE NAME TIFT, JR., LAWRENCE E. NAME STREET ADDRESS 808 VISCAYA LANE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME TIFT, JULIA 💄 STREET ADDRESS STREET ADDRESS 808 VISCAYA LANE CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 true and accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

with all other like empowered.

if changed, or on an attachn

SIGNATURE: