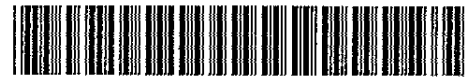


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K79461 1. Entity Name INNOVATIVE ELECTRIC, INC.						
Principal Place of Business % JULIA TIFT P.O. BOX 151216 ALTAMONTE SPRINGS FL 32715-1216 US			Mailing Address % JULIA TIFT P.O. BOX 151216 ALTAMONTE SPRINGS FL 32715-1216 US			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2939701 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <div style="float: right;"> \$8.75 Additional Fee Required </div>				1st MOORE CR2E034 (10/05)		
6. Name and Address of Current Registered Agent TIFT, JULIA 808 VISCAYA LANE ALTAMONTE SPRINGS FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> (NOTE Registered Agent signature required when reinstating) </div> <div> DATE _____ </div> </div>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TIFT, JULIA 808 VISCAYA LANE ALTAMONTE SPRINGS FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> U00000520889 05/02/06-00111-016-158.75 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIFT, JR., LAWRENCE E. 808 VISCAYA LANE ALTAMONTE SPRINGS FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIFT, JULIA 808 VISCAYA LANE ALTAMONTE SPRINGS FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



SIGNATURE:

[Handwritten Signature]
 by **JAB TIFT**
 SECRETARY

4/14/06
Date

407-834-6330
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR