2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045521

SARASOTA, FL 34236

City-St-Zip:

Entity Name: ELECTRICIANS' SUCCESS INTERNATIONAL, LLC

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: % CLOCKWORK, PLAZA FIVE POINTS 50 CENTRAL AVÉNUE, SUITE 920 SARASOTA, FL 34236 **New Mailing Address: Current Mailing Address:** %CLOCKWORK, PLAZA FIVE POINTS 50 CENTRAL AVENUE, SUITE 920 SARASOTA, FL 34236 FEI Number: 35-2220057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CLOCKWORK HOME SERVICES, INC. Name: Name: 50 CENTRAL AVENUE, SUITE 920 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: () Change () Addition NICHOLSON, TERRY J Name: Name: Address: 50 CENTRAL AVENUE, SUITE 920 Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: CEO (X) Delete Title: () Change () Addition ABRAMS, JAMES D Name: Name: 50 CENTRAL AVENUE, SUITE 920 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: CFO () Delete Title: (X) Change () Addition GRABOWSKI, PETER C JR. Name: Name: GRABOWSKI, PETER C JR 50 CENTRAL AVENUE, SUITE 920 Address: 50 CENTRAL AVENUE, SUITE 920 Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 Title: VPS () Delete Title: (X) Change () Addition MCCANE, KERRY D GRABOWSKI, PETER C JR Name: Name: 50 CENTRAL AVENUE, SUITE 920 50 CENTRAL AVENUE, SUITE 920 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 Title: () Delete Title: () Change () Addition MILHORN, GATHA K Name: Name: Address: 50 CENTRAL AVENUE, SUITE 920 Address:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: PETER C. GRABOWSKI, JR. SEC 04/10/2009