2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 25, 2004 8:00 am Secretary of State **DOCUMENT # L03000056391** 1. Entity Name DIAMOND ELECTRICIAL TECHNOLOGIES LLC. 08-25-2004 90042 013 ****50.00 Principal Place of Business Mailing Address 5393 WOODS WEST DR. 5393 WOODS WEST DR. LAKE WORTH, FL 33463 US LAKE WORTH, FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08052004 CR2E083 (10/03) 4. FEI Number 04-37 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HART, MICHAEL É Street Address (P.O. Box Number is Not Acceptable) 5393 WOODS WEST DR. LAKE WORTH, FL 33463 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to . Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM TITLE ☐ Delete TITLE ☐ Addition HART, MICHAEL E NAME NAME 5393 WOODS WEST DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

FILED