

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003618

FILED
Apr 16, 2008
Secretary of State

Entity Name: BRIGHT FUTURE ELECTRIC, LLC

Current Principal Place of Business:

630 KISSIMMEE AVE.
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

630 KISSIMMEE AVE.
OCOE, FL 34761

New Mailing Address:

FEI Number: 57-1228220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORHEAD, TIMOTHY R ESQ
145 N. MAGNOLIA AVE.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: PETRO, DANNIEL J
Address: 630 KISSIMMEE AVENUE
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM () Delete
Name: SCROGGINS, ELEX R
Address: 630 KISSIMMEE AVENUE
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM () Delete
Name: MCCAIN, ALLEN H
Address: 2310 5TH AVENUE SOUTH
City-St-Zip: BIRMINGHAM, AL 35233 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MCCAIN, ALLEN H
Address: 3420 RICHARD ARRINGTON JR BLVD NORTH
City-St-Zip: BIRMINGHAM, AL 35234 US

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.

SIGNATURE: ELEX R SCROGGINS

MGRM

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date