

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


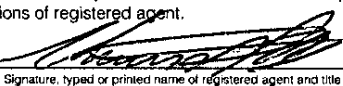

Amended

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L16667					
1. Entity Name ROYAL OAK ELECTRIC, INC.					
Principal Place of Business 2852 WILLOW LAKES LANE P.O BOX 1146 TITUSVILLE, FL 32781-114			Mailing Address 2852 WILLOW LAKES LANE P.O BOX 1146 TITUSVILLE, FL 32781-1146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2978548	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TYSON, ROBERT A. 3290 KIRBY DRIVE P.O BOX 1151 TITUSVILLE, FL 32781-1151				7. Name and Address of New Registered Agent Name Christopher Scott Hood Street Address (P.O. Box Number is Not Acceptable) 2125 Silverstar Road City Titusville FL Zip Code 32796	
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  Christopher S. Hood DATE 11/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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	D TYSON, ROBERT A. 3290 KIRBY DRIVE P.O BOX 1151 TITUSVILLE, FL 327811151 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR CHRISTOPHER S. HOOD 2125 SILVERSTAR ROAD TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800051664018 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/23/05-01021-027 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800061664018 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/23/05-01021-027 **70.00	
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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	
12. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Christopher S. Hood			11/21/05 321-269-3755 Date Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					