2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36576

Name:

Address:

City-St-Zip:

HOULE, NATHANIEL

15905 MYSTIC WAY

TAMPA, FL 33624

Entity Name: SMALL JOBS ELECTRIC, INC

FILED Jan 04, 2008 Secretary of State

| Littly Nai | HE. SIVIALL OF | DBS ELECTRIC, INC. | | | |
|---|--|-----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 5364 EHRILCH RD TAMPA, FL 33624 | | | 5364 EHRILCH RD SUITE 302 TAMPA, FL 33624 | | |
| Current M | ailing Addres | s: | New Mailing Addres | New Mailing Address: | |
| 5364 EHRI SUITE 302 TAMPA, FI | _ 33625 US | | 5364 EHRLICH RD SUITE 302 TAMPA, FL 33624 | US | |
| FEI Number: | 59-2982518 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address | Name and Address of New Registered Agent: | |
| TAMPA, FI | ODCRAFTER 33624 US named entity s of Florida. | 3 | ourpose of changing its register | ed office or registered agent, or both, | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | HOULE, THOM | Delete AS A., RAFTERS PLACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | HOULE, MARIA | RAFTERS PLACE | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: | S () | Delete | Title: | () Change () Addition | |

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIA T HOULE VICE 01/04/2008