## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36576

City-St-Zip:

TAMPA, FL 33624

FILED Jun 04, 2009 Secretary of State

Entity Nan	1e: SMALI	JOBS ELECTRIC, INC.					
Current Principal Place of Business:			Ne	New Principal Place of Business:			
5364 EHRII SUITE 302 TAMPA, FL							
Current Mailing Address:				New Mailing Address:			
5364 EHRL SUITE 302 TAMPA, FL		US					
FEI Number:	59-2982518	FEI Number Applied For ( )	FEI Number	Not Appl	icable ( )	Certificate of Status Des	ired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
TAMPA, FL	ODCRAFTI . 33624 named enti	ERS PLACE US ty submits this statement for th	e purpose of ch	ianging i	ts registered	office or registered ager	nt, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
		.193(2)(b), F.S., the corporation did cing Trust Fund Contribution().	l not receive the p	orior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D HOULE, THO 15705 WOO TAMPA, FL	()Delete DMAS A. DDCRAFTERS PLACE	Add	e: me: dress: y-St-Zip:	HOULE, THO	CRAFTERS PLACE	
Title: Name: Address: City-St-Zip:	VP HOULE, MA 15705 WOO TAMPA, FL	DCRAFTERS PLACE	Add	e: me: dress: y-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address:	S HOULE, NA 15905 MYS		Titl Na Add		(	) 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.

City-St-Zip:

SIGNATURE: THOMAS A HOULE 06/04/2009 D