


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90136 001 ***600.00

DOCUMENT # L41779 1. Entity Name ALDAN ELECTRIC SUPPLY, INC. OF TAMPA	
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Principal Place of Business 4902 N HOWARD AVE TAMPA, FL 33603 US	Mailing Address 734 BROOKHAVEN DR ORLANDO, FL 32803 US
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DO NOT WRITE IN THIS SPACE

66000494

 01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2984800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHALIN, LAWRENCE J
 225 E ROBINSON ST #600
 ORLANDO, FL 32802

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DAN 4902 N HOWARD AVE 734 Brookhaven Drive TAMPA, FL ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, ANN N 6500 LAKE EMMA RD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BEN 6500 LAKE EMMA RD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ann Williams - Director* 1/19/06 407-896-7761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #