2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 08:00 AM Secretary of State DOCUMENT # L93344 M-Z ELECTRIC, INC. Principal Place of Business Mailing Address 322 NE 10 TERR C/O FRANCES SZYMANSKI CAPE CORAL, FL 33909 2413 NW 27TH TERR. CAPE CORAL, FL 33993 CR2E034 (11/05) 01272007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0218891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SZYMANSKI, FRANCES DO NOT WRITE 2413 NW 27TH TERRACE CAPE CORAL, FL 33993 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. Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE: Segistered Apent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ZABAWA, MICHAEL STREET ADDRESS 322 N.E. 10TH TERRACE U00000713527 CAPE CORAL, FL CITY-ST-ZIP 04/26/07-80092-018 150.00 TITLE ZABAWA, MICHAEL STREET ADDRESS 322 N.E. 10TH TERRACE CITY-SI-ZIP CAPE CORAL, FL NAME STREET ADDRESS DO NOT WRITE CRY-ST-7P TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Michael Zabawa

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

77500

239-772-0972

Daytime Phone #