FILED 1 267626 Feb 13, 2006 08:00 AMF Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M26862

ALLBRITE ELECTRICAL CONTRACTORS,		INC.			
4450 NW 126TH AVE 4450 SUITE 101 SUITE		Address NW 126TH AVE 101 SPRINGS, FL 33065			
					E034 (11/05)
DO NOT WRITE IN		THIS SPACE		4. FEI Number Applied For 59-2634751 No. Applied For	
		<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	5. Name and Address of Current Registere	d:Agent] ' 'You'd	in and Managadhalan ships distributed for a subspice open in the spice of the state	
SUITE 101	126TH AVE			DO NOT WRIT	
8. The above the obligati	named entity submits this statement for the purp- ions of registered agent.	ose of changing its registers	ed office or register	red agent, or both, in the State of Florida. 1 an	n temiliar with, and accept
SIGNATURE			d Agent signature required	rod when reinstating) OATE	
FIL: After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees	
10.	OFFICERS AND DIRECTO	R\$	+		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GERBER, LLOYD 4450 NW 126TH AVE CORAL SPRINGS, FL 33065		- Compagning of the second		
TITLE NAME STREET ADDRESS CATY-ST-ZIP			A TANTO AT A A A A A A A A A A A A A A A A A	U0000043344 02/24/06-80018	1 1000 150 75
NAME)				
STREET ADDRESS CITY-ST-ZIP	t			DO NOT WRIT	E
TITLE NAME STREET ADDRESS	; ;			IN THIS SPAC	E
CITY-ST-ZIP	,			ing grant a grown main si American in a Turkin ing grant main si American ing sanggaran ing sanggaran ing sanggaran ing sanggaran ing sanggaran ing s Turkin ing sanggaran ing s	
NAME STREET ADDRESS CITY-ST-ZIP	· ·		e e e e e e e e e e e e e e e e e e e	رايان المعلق والمرايع من <u>مستم</u> عات بالمناطقة الماريع الماري	
TITLE NAME STREET ADDRESS					
CITY-ST-ZIP		7		10	
12. I hereby of indicated of the corp changed,	ertify that the Information supplied with this fring on this report or supplemental report is true and orration or the receiver or trustee empoyered to or on an attachment with an address, with all oth	does not qualify for the exe accurate and that my signat execute this report as requir er like empowered.	amptions contained ture shall have the s red by Chapter 607.	I in Chapter 119, Florida Statutes. I further casame legal effect as if made under cath; that 7, Florida Statutes; and that my name appears	artify that the information I am an officer or director I in Block 10 or Block 11 if