

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M68237

Entity Name: MAYNARD ELECTRIC, INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

18030 NORTHWEST 16TH AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18030 NORTHWEST 16TH AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0058941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAYNARD, ELORY
18030 NW 16TH AVE.
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MAYNARD, ELORY,
Address: 18030 NW 16TH AVE
City-St-Zip: MIAMI, FL

Title: DVS () Delete
Name: MAYNARD, JOYCELYN,
Address: 18030 NW 16TH AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MAYNARD, ELORY,
Address: 18030 NW 16TH AVE
City-St-Zip: MIAMI, FL 33169

Title: DVS (X) Change () Addition
Name: MAYNARD, JOYCELYN,
Address: 18030 NW 16TH AVE
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ELORY MAYNARD

DPT

04/11/2006

Electronic Signature of Signing Officer or Director

Date