2008 FOR PROFIT CORPORATION

Feb 04, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P0000013000 02-04-2008 90032 019 ***150 00 POWERTEC ELECTRICAL ENTERPRISES, INC. Principal Place of Business Mailing Address 1034 SW 13 COURT 1034 SW 13 COURT POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 No Chg-P CR2E034 (11/05) 01262008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0983167 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent GORDILS, BEN JR DO NOT WRITE 1034 SW 13 COURT POMPANO BEACH, FL 33069 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, typed priprinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTSD TITLE GORDILS, BEN JR NAME STREET ADDRESS 1034 SW 13 COURT CITY-ST-2IP POMPANO BEACH, FL 33069 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 th an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED

PRES! DENT -

FILED