

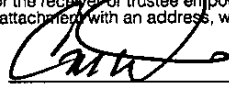


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90766 001 \*\*\*750.00

<b>DOCUMENT # P00000020730</b>					
<b>1. Entity Name</b> ENERGIZE ELECTRICAL CONTRACTORS, INC.					
<b>Principal Place of Business</b> 10715 SW 17TH PLACE DAVIE, FL 33324			<b>Mailing Address</b> 10715 SW 17TH PLACE DAVIE, FL 33324		
<b>2. Principal Place of Business</b> 1410 SW 106 Terrace Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1410 SW 106 Terrace Suite, Apt. #, etc.			
<b>City &amp; State</b> Davie, FL		<b>City &amp; State</b> Davie, FL		<b>4. FEI Number</b> 65-0982781	
<b>Zip</b> 33324 <b>Country</b>		<b>Zip</b> 33324 <b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BROWN, DAVID J 10715 SW 17TH PLACE DAVIE, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1410 SW 106 Terrace City <b>Davie</b> <b>FL</b> Zip Code <b>33324</b>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PT <input type="checkbox"/> Delete <b>NAME</b> BROWN, DAVID J <b>STREET ADDRESS</b> 10715 SW 17TH PLACE <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<b>TITLE</b> NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STREET ADDRESS</b> 1410 SW 106 Terrace <b>CITY-ST-ZIP</b> Davie, FL 33324				
<b>TITLE</b> VS <input type="checkbox"/> Delete <b>NAME</b> BROWN, LAURIE <b>STREET ADDRESS</b> 10715 SW 17TH PLACE <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<b>TITLE</b> NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STREET ADDRESS</b> 1410 SW 106 Terrace <b>CITY-ST-ZIP</b> Davie, FL 33324				
<b>TITLE</b> NAME <input type="checkbox"/> Delete <b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>STREET ADDRESS</b> CITY-ST-ZIP				
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> 		<b>CHARLES M. DIVETO, JR., CPA, PA</b> <b>CERTIFIED PUBLIC ACCOUNTANT</b> 7425 N. W. 4TH STREET PLANTATION, FLORIDA 33317		<b>4/2/05</b> <b>954-321-6300</b> <b>Date</b> <b>Daytime Phone #</b>	