2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # P00000024827** 1. Entity Name KILBY ELECTRIC SERVICES, INC. Principal Place of Business Mailing Address 18720 SOUTHWEST 107TH AVENUE 18720 SOUTHWEST 107TH AVENUE MIAMI, FL 33157 MIAMI, FL 33157 CR2E034 (11/05) 04172006 No Chg-P DO NOT WRITE IN THIS SPACE Appiled For 4. FEI Number 65-1011318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent HOWARD, JAMES L DO NOT WRITE 15825 SW 150 COURT IN THIS SPACE MIAMI, FL 33187 The above gamed 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 e obligation of registered agent SIGNATUR ature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be ILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΩ TITLE HOWARD, JAMES L NAME STREET ADDRESS 18720 SOUTHWEST 107TH AVENUE U000000529103 CRY-ST-7IP MIAMI, FL 33157 05/05/06-80064-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TATLE NAME STREET ADDRESS CDY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 this 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED