2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2007 8:00 am Secretary of State DOCUMENT # P00000078613 1. Entity Name 05-09-2007 90114 049 ***150.00 RICK ROSS ELECTRIC, INC. Principal Place of Business Mailing Address 3637 DORRIT AVE 3637 DORRIT AVE **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 244763 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-1034981 Beach Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired) 9 ろろそえり Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, ERIC D Street Address (P.O. Box Number is Not Acceptable) 3637 DORRIT AVE **BOYNTON BEACH FL 33436** -Zip Code 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D HILE HTLE ☐ Change ☐ Addition ☐ Delete ROSS, ERIC D NAME 3637 DORRIT AVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-S1-ZIP CITY ST-ZIP H Delete TITLE ☐ Change Addition NAM STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP ☐ Delete ☐ Addition THE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY SI-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Change Addition HILE Delete HILE NAME NAME STREET ADORESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP Addition TITLE Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADORESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 with an address, with all other like empowered.

CITY ST-ZIP

SIGNATURE:

CITY-SI-ZIP

FICER OR DIRECTOR

Davime Phone #

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