

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038852

Entity Name: INDELEC, INC.

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

C/O GLENN M. COOPER & ASSOC.  
1560 SAWGRASS CORP. PKWY, 4TH FLOOR  
SUNRISE, FL 33323

## New Principal Place of Business:

C/O MARK NEMET  
6401 SW 87 AVENUE #203  
MIAMI, FL 33173

## Current Mailing Address:

C/O GLENN M. COOPER & ASSOC.  
1560 SAWGRASS CORP. PKWY, 4TH FLOOR  
SUNRISE, FL 33323

## New Mailing Address:

C/O MARK NEMET  
6401 SW 87 AVENUE #203  
MIAMI, FL 33173

FEI Number: 65-1097223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOPER, GLENN M ESQ  
1560 SAWGRASS CORP. PKWY 4# FLOOR  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

NEMET, MARK J  
6401 SW 87 AVENUE  
SUITE 203  
MIAMI, FL 33173 US

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: MARK J. NEMET

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: LEFORT, ARNAUD  
Address: 61 CHEMIN DES POSTES  
City-St-Zip: DOUAL, FRANCE, 59500

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEFORT, ARNAUD  
Address: 61 CHEMIN DES POSTES  
City-St-Zip: DOUAL, FRANCE, FR 59500

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: ARNAUD LEFORT

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date