2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 02, 2007 08:00 AM **DOCUMENT # P01000047778** Secretary of State 1. Entity Name HEATH ELECTRIC, INC. Principal Place of Business Mailing Address 342 CIR DRIVE WEST 342 CIR DRIVE WEST ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084 CR2E034 (11/05) 02082007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3715196 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent O'CONNELL, HENRY DO NOT WRITE 2200 N PONCE DE LEON BLVD STE 10 ST AUGUSTINE, FL 32084 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HEATH, THOMAS G NAME 342 CIR DRIVE WEST STREET ADDRESS U00000687478 04/10/07-80041-010 150.00 CITY-ST-ZIP ST AUGUSTINE, FL 32084 VP TITLE HEATH, IRIS I MALE **342 CIR DR W** STREET ADDRESS SAINT AUGUSTINE, FL 32084 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE: __

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS