


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90031 007 ***150.00

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| DOCUMENT # P02000002302 |  |
| 1. Entry Name KINGS ELECTRICAL CONTRACTORS, INC. | |

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| Principal Place of Business 11522 WILES ROAD CORAL SPRINGS, FL 33076 | Mailing Address 11522 WILES ROAD CORAL SPRINGS, FL 33076 |
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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01252007 Chg-P CR2E034 (12/06)

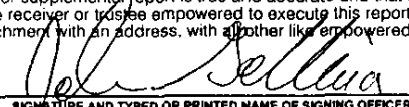
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| 4. FEI Number 30-0026324 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GALLINA, PHILIP 12727 NW 21 PLACE CORAL SPRINGS, FL 33071 | |
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| 7. Name and Address of New Registered Agent Name GALLINA, JOHN Street Address (P.O. Box Number is Not Acceptable) 6247- NW 52 CIRCLE City CORAL-SPRINGS FL Zip Code 33067 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVP GALLINA, PHILIP 12727 NW 21 PL POMPAÑO BEACH, FL 33071 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVP GALLINA, JOHN 6247- NW 53 CIRCLE CORAL-SPRINGS, FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GALLINA, ANTOINETTE 12727 NW 21 PL POMPAÑO BEACH, FL 33071 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GALLINA PHILIP 12727- NW 21 PL CORAL-SPRINGS, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 another like empowered. | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date 1/25/07 (954) 753-9436 <small>Days/Time Phone #</small> |