2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P02000009063

Entity Name: JIM LAFLAMME ELECTRICAL CONTRACTING, INC.

Current Principal Place of Business:

4566 NW 16TH TERRACE
TAMARAC, FL 33309

New Principal Place of Business:

Current Mailing Address:

202 E DYNASTY DRIVE
CARY, NC 27513

New Mailing Address:

FEI Number: 01-0586375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAFLAMME, JIM
4566 NW 16TH TERRACE
TAMARAC, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAFLAMME, JIM
Address: 1209 NE 17 WAY
City-St-Zip: FT LAUDERDALE, FL 33034

Title: V ( ) Delete
Name: SANSARICQ, TERRENCE
Address: 918 NE 28 STREET
City-St-Zip: WILTON MANORS, FL 33334

Title: V ( ) Delete
Name: LAFLAMME, ANDRE P
Address: 202 E DYNASTY DRIVE
City-St-Zip: CARY, NC 27513

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAFLAMME, JIM
Address: 4566 NW 16TH TERR
City-St-Zip: TAMARAC, FL 33309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: LAFLAMME, PHILIPPE M
Address: 202 E DYNASTY DR
City-St-Zip: CARY, NC 27513

Title: S ( ) Change (X) Addition
Name: LAFLAMME, DAVID B
Address: 1174 NW COLUMBIA STREET
City-St-Zip: BEND, OR 97701

I hereby certify that the information supplied with this filing does not qualify 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: JIM LAFLAMME P 05/01/2009

Electronic Signature of Signing Officer or Director — Date