

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000011143

FILED
May 06, 2008
Secretary of State

Entity Name: ELECTRICAL CONNECTIONS & MORE INC.

Current Principal Place of Business:

8270 WOODLAND CENTER BLVD.
TAMPA, FL 33614

New Principal Place of Business:

3229 DAVENCOURT CIRCLE
LEHI, UT 84043

Current Mailing Address:

8270 WOODLAND CENTER BLVD.
TAMPA, FL 33614

New Mailing Address:

3229 DAVENCOURT CIRCLE
LEHI, UT 84043

FEI Number: 26-2479426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, RICHARD L
8270 WOODLAND CENTER BLVD.
TAMPA, FL 33614 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

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: HANSEN, PHILIP LUKE
Address: 3229 DAVENCOURT CIRCLE
City-St-Zip: LEHI, UT 84043

Title: TRES () Delete
Name: COSTA, DERRICK R
Address: 385 SILVERADO PINES AVE.
City-St-Zip: LAS VEGAS, NV 89123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PHILIP HANSEN

CFO

05/06/2008

Electronic Signature of Signing Officer or Director

Date