2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034093

Name:

Address:

City-St-Zip:

LANHAM, FRENCH

244 CHERI DOWN LN

CAPE CANAVERAL, FL 32920

Entity Name: CORE ELECTRIC CORPORATION

FILED Apr 28, 2009 Secretary of State

C D	rinainal Blass	of Business	New Principal Place	New Principal Place of Business	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 427 MIMS, FL 32754			350 MYRTICE AVENU 202	350 MYRTICE AVENUE	
				MERRITT ISLAND, FL 32953	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
PO BOX 427 MIMS, FL 32754				350 MYRTICE AVENUE	
			202 MERRITT ISLAND. FL	202 MERRITT ISLAND, FL 32953	
FEI Number:	: 61-1409536	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	IEL RD 32754 US named entity	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (JONES, GARY PO BOX 427 MIMS, FL 327		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LANHAM, JUS ¹ 244 CHERI DO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY S. JONES PRES 04/28/2009