



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90098 017 ***150.00

DOCUMENT # P02000045894					
1. Entity Name FLORIDA ELECTRIC VEHICLES, INC.					
Principal Place of Business 201 S.E. 24TH AVE POMPANO BEACH, FL 33062			Mailing Address 201 S.E. 24TH AVE POMPANO BEACH, FL 33062		
2. Principal Place of Business 1877 SOUTH FEDERAL Suite, Apt. #, etc. SUITE 304		3. Mailing Address 1877 SOUTH FEDERAL Suite, Apt. #, etc. SUITE 304		01142006 Chg-P CR2E034 (11/05)	
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 01-0682919	
Zip 33433		Country FLORIDA		Applied For Not Applicable	
Zip 33438		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWMAN, THOMAS L 1877 SOUTH FEDERAL HIGHWAY STE # 304 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCALLUM, CHARLES E				
STREET ADDRESS	1877 SOUTH FEDERAL HIGHWAY STE #304				
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, THOMAS L				
STREET ADDRESS	1877 SOUTH FEDERAL HIGHWAY STE #304				
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 			Date: 1/15/06		Daytime Phone #: 561-368-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #