## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P02000045894  1. Entity Name FLORIDA ELECTRIC VEHICLES, INC.					01-23-2006 90098 017 ***150.00				
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Principal Place	•	Mailing Address				<b>U</b> –			
201 S.E. 24TH AVE 201 S.E. 24TH AVE									
POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062									
									(CP) (( IEP)
2. Principal P	lace of Business	<ol><li>Mailing Address</li></ol>							
1877 SOUTH FERENAL		1879 SOUTH FEL		PERN-	1,220,221,0				
Suite, Apt.		Suite, Apt. #, etc.			01142006	Chg-P	CDSE	034 (11/05)	
-5017	7E 304	SUITE 30	56		01142000	Olig-r	OILE	354 (11/05)	
City & State		City & State			4. FEI Numb	er		Ap	plied For
ا سما	RATON FL	BOCA RATO	U M		01-068	2919		No	t Applicable
Zip	Country	Zip	Coun	itry				\$8.75 Add	itional
33433		33438	Par	V REDIN	5. Certificate	of Status Desired		Fee Require	
	6. Name and Address of Current		7 7 75-6-		7. Name and	Address of New R	eaistered	Agent	
	o. Name and Address of Current	Tragistore a regent		Name					
NICTIA/BAANI	THOMASI			, vaine					
	, THOMAS L TH FEDERAL HIGHWAY			Street Address (P.O. Box Number is Not Acceptable)					
STE # 304							·		
	TON, FL 33432								
DOCA KAI	10N, FE 33432								
ļ				City			FL	Zip Code	e
	named entity submits this statement fo	- the evenes of shapping its		ad affice as sociate	red seent or be	th in the State of Ele			and account
	e named entily submits this statement it tions of registered agent.	or the purpose or changing its	regisier	ed office of registe	rea agent, or bu	in, in the state of Fic	иша, гап	i iditilitai wilii,	and accept
li le obligat	ions or registered agent.								
SIGNATURE									
SIGNATORIE=	Signature, typed or printed name of registered agent	ALOT					0175		
	Silturative typed or burned name or redistrated afters	and title if applicable. (NO)	E: Registere	rd Agent signature require	d when reinstating)		DATE		
	Signaline, types or printed harrie or registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature require	ed when reinstating)		DATE		
F11	-	9. Election Campa					DATE		
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/66 345-368-353