2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 21, 2007 08:00 AM DOCUMENT # P02000046164 **Secretary of State** DODD ELECTRIC AND ENGINEERING INC. Principal Place of Business Mailing Address **7853 GUNN HWY 7853 GUNN HWY TAMPA FL 33626 TAMPA FL 33626** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 35-2174043 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DODD, SIMON B Street Address (P.O. Box Number is Not Acceptable) 7853 GUNN HWY #183 **TAMPA FL 33626** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIILE Delete TITLE Change Addition U00000674799 DODD, SIMON B NAME NAME 7853 GUNN HWY #183 03/29/07-80084-022 158.75 STREET ADDRESS STREET ADDRESS TAMPA FL 33626 CITY-ST-7IP CHY-SI-7IP ☐ Change ☐ Addition TITLE ☐ Delete TIFLE NAMI^{*} NAME. STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP HHE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition HILE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; 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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/18/07 813 382 0787