2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 19, 2007 08:00 AM DOCUMENT # P02000063951 Secretary of State 1. Entity Name BENNETT UTILITIES CORPORATION Principal Place of Business Mailing Address 323 RIVER DR 323 RIVER DR TEQUESTA, FL 33469 TEQUESTA, FL 33469 No Chg-P CR2E034 (11/05) 01082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0452019 \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRUM, RICHARD B DO NOT WRITE 515 N FLAGLER DR STE 1800 IN THIS SPACE W PALM BCH, FL 33401 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. Signaturu, typeg or printing name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000673424 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/29/07-80028-019 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS MILE NAME CRUM, RICHARD B STREET ADDRESS 515 N FLORIDA DR #1800 CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME HELFANT, JUDITH STREET ADDRESS 323 RIVER DRIVE CITY-ST-ZIP JUPITER, FL 33469 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST ZIP TITLE

12. Thereby 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED