2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # P02000082663** 1. Entity Name 04-16-2004 90110 027 ***150.00 HURLSWORLD ELECTRIC, INC. Principal Place of Business Mailing Address 2222 N. FEDERAL HWY 2222 N. FEDERAL HWY んせいスコマ・・ BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address 4550 CARTHAGE 4550 CARTHAGE Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-P CR2E034 (10/03) NORTH CIRCLE NORTH 4. FEI Number City & State City & State Applied For WORTH .AKE LAKE WORT 22-3860536 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33463 33463 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HURLEY, RUSSELL W. Street Address (P.O. Box Number is Not Acceptable) 45TO CARTHAGE CIRC 2222 N. FEDERAL HWY BOCA RATON, FL 33432 WORTH 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWN FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE Delete TITLE ☐ Addition **HURLEY, RUSSELL W** NAME NAME 4550 CARTHAGE CIRCLE NORTH STREET ADDRESS STREET ADDRESS 2222 N. FEDERAL HWY. CITY-ST-ZIP LAKE FLA. 33463 CITY-ST-ZIP BOCA RATON, FL 33432 WORTH ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ПΠЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DD F ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED

4-4-04