2006 FOR PROFIT CORPORATION

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ANNUAL REPORT				Mar 16, 2006 08:00 A			
DOCU	MENT # P0200010		Secretary of State				
LAWS ELECTRICAL SERVICE, INC.							
Principal Plac		Mailing Address]			
P.O. BOX 13 FT PIERCE F	486 FL 34979-3486	5158 NW PRIMM ST PT ST LUCIE, FL 34983		1			
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DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For
				30-015		- s	Not Applicable 8.75 Additional
				a. Centicale	of Status Desired		ee Required
	6. Name and Address of Curre	it Kegistered Agent	}				
LAW, JOHN R 5158 NW PRIMM ST				DO	NOT W	IRITE	. I
PORT ST LUCIE, FL 34982			1	IN T	THIS SF	ACE	
			}	44.4		,,, <u>o</u> _	
R The shows	nament entity submits this statement	for the purpose of changing its register	ed office or register	ed soent or he	in in the State of Ek	orida tamita	miliar with and accer
	tions of registered agent.	in the balloge of andi-grid to logistic	od dilibe of regions.	od agom, or ac	ing at the ended of the	91100. Talling	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE_	Signature, typed or printed name of registered age	id Agent signature required	when seinsteinni		DATE		
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	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55!		.00 May Be ed to Fees				
10.	, 	D DIRECTORS					
TITLE NAME	P LAW, JOHN]				
STREET ADDRESS	5158 NW PRIMM ST.	=	l				
CITY-ST-ZIP	FORT PIERCE, FL 34982		1				
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NAME STREET ADDRESS			1		いけばり こってううでで…	4 (UUS) .00057_0	23 150,00
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CITY-ST-ZIP				DO	NOT W	IRITE	•
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NAME			j .	414		~~~	
STREET ABORESS CITY-ST-ZIP			1				
TITLE	 		1				
NAME			I				

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 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TI7LE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR