2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123735

Address:

City-St-Zip:

10823 LONGSHORE WAY E

NAPLES, FL 341197976

Entity Name: K.V. WIRE & CABLE CORP.

FILED Mar 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2350 CRYSTAL ROAD FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 2350 CRYSTAL ROAD FORT MYERS, FL 33907 FEI Number: 55-0808049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAGA, ANTONIO 7955 AIRPORT RD N STE 101 NAPLES, FL 34109 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KEIM, JEFFERY VELATINI, CARL Name: Name: 862 ADELPHI COURT 10823 LONGSHORE WAY E Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: NAPLES, FL 34119 Title: Title: () Delete (X) Change () Addition Name: VELATINI, CARL Name: KEIM, JEFFERY 10823 LONGSHORE WAY E 862 ADELPHI COURT Address: Address: NAPLES, FL 341197976 City-St-Zip: City-St-Zip: FORT MYERS, FL 33919 Title: Title: () Delete () Change () Addition KEIM, DIANE Name: Name: 862 ADELPHI CT Address: Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip: Title: () Delete Title: () Change () Addition VELATINI, BONITA M Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BONITA M VELATINI S 03/13/2008