## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P02000124001 02-13-2006 90045 018 \*\*\*158.75 SKILLED ELECTRICAL CONNECTIONS, INC. Principal Place of Business Mailing Address 1750 N. FLORIDA MANGO RD., STE. #401 1750 N. FLORIDA MANGO RD., STE. #401 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 01112006 CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 75-3088847 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLENDER, SEAN B Street Address ( is Not Acceptable) ORIGE MANGO RA Stort 40, 1750 N. FLORIDA MANGO RD., STE. #401 WEST PALM BEACH, FL 33409 Zip Code 33409 8. The above named entity submits this statement for th surpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered gent 2/10/06 GARU M. Solende SIGNATURE . 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST TITLE ☐ Delete TITLE Change ☐ Addition SOLENDER, GARY M. NAME NAME 1750 N. FLORIDA MANGO RD., STE, #401 STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33409 CITY-ST-ZIF Delete TITLE ☐ Addition TITLE ☐ Change NAME SOLENDER, SEAN B. NAME STREET ADDRESS 1750 N. FLORIDA MANGO RD., STE. #401 STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Bruce I Solender 1750 N. Florida MAN 9. Pd, 54491 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not adality 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

STREET ADORESS

CITY-ST-ZIP

GMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06

(561) 689-5505 Daytime Phone #

FILED Feb 13, 2006 8:00 am