2008 FOR PROFIT CORPORATION

Apr 15, 2008 8:00 am Secretary of State ANNUAL REPORT 04-15-2008 90023 015 ***150.00 **DOCUMENT # P03000013864** 1. Entity Name G & G ELECTRIC SERVICE, INC. DAAMATAA Principal Place of Business Mailing Address 1903 SUCCESS RD, #301 PO BOX 9230 WINTER HAVEN, FL 33883 BARTON COMMERCIAL PARK AUBURNDALE, FL 33823 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04092008 Chg-P Applied For City & State City & State 4. FEI Number 38-3670523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNTER, BOBBY T Street Address (P.O. Box Number is Not Acceptable) 1903 SUCCESS ROAD, SUITE 301 AUBURNDALE, FL 33823 301 Rood 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 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSD TITLE Change ☐ Addition TIRE ☐ Delete GUNTER, BOBBY T NAME NAME 1903 Success Rd. Ste 301 STREET ADDRESS 212 AVENUE I SE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 Auburndole, FL 33823 VTD TITLE Change ■ Addition TITLE Delete GUNTER, RODNEY S NAME NAME STREET ADDRESS 1903 SUCCESS RD. #3015, BARTON COMMERCIAL STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TIME Addition SMAN NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STHEET ADDRESS STREET ADDRESS C11Y-S1-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

V 4-10-08