2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P03000017430** 04-28-2004 90241 048 ***150.00 1. Entity Name HIGH ENERGY ELECTRIC, INC. Principal Place of Business Mailing Address 8055 SAW PALMETTO LANE 8055 SAW PALMETTO LANE **BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) ` ~~ 02022004 Chg-P 4. FELNumber 56-2332605 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMONTE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 8055 SAW PALMETTO LANE BOYNTON BEACH, FL 33436 City Zip Code 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. Signature, typed or printed name of registered agent and title if expericable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP VP Field Operations ☐ Delete TITLE ☐ Change 😡 Addition TITLE AMONTE, MICHAEL NAME MAME David Shasteen STREET ADDRESS 8055 SAW PALMETTO LANE STREET ADDRESS 4089 71st Rd. No. BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY - ST- ZIP Riviera Beach, FL DST ☐ Delete TITLE VP of Marketing Addition. AMONTE, NANCY NAME NAME Arthur Hauck STREET ADDRESS 8055 SAW PALMETTO LANE STREET ADDRESS 8067 Saw Palmetto Lane BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIF Boynton Beach, FL ☐ Change ✓ ☐-Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE T Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE MAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered by 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 engrowered.

SIGNATURE: _

4/08/04 561-737-6452

FILED