2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 16, 2005 08:00 AM Secretary of State DOCUMENT # P03000032385 1. Entity Name ADVANCED ELECTRIC AND FIRE ALARM INC. Principal Place of Business Mailing Address 18001 NW 8 AVE 18001 NW 8 AVE MIAMI, FL 33169 MIAMI, FL 33169 04272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0453547 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORDON, HYLTON DO NOT WRITE 18001 NW 8 AVE MIAMI, FL 33169 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. "(NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE GORDON, HYLTON NAME 18001 NW 8 AVE STREET ADDRESS MIAMI, FL 33169 U00000366750 CITY-ST-ZIP 05/16/05-80005-002 150.00 TITLE GREEN, WALFORD NAME STREET ADDRESS 308 FAIRWAY CIRCLE WESTON, FL 33326 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED