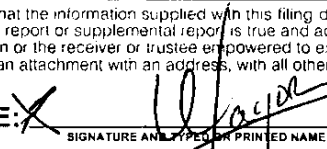


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000061331					
1. Entity Name MAYOR POWER LIGHT ELECTRIC INC.					
Principal Place of Business 11400 SW 244 TER HOMESTEAD, FL 33032			Mailing Address 11400 SW 244 TER HOMESTEAD, FL 33032		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 57-1169650	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYOR, ARMANDO F 11400 SW 244 TER HOMESTEAD, FL 33032			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME MAYOR, ARMANDO F		☐ Change ☐ Addition		
STREET ADDRESS 11400 SW 244 TER	☐ Delete		400103614224 05/31/07--01038--004 **158.85		
CITY ST ZIP HOMESTEAD, FL 33032	☐ Delete		☐ Change ☐ Addition		
TITLE NAME	☐ Delete		☐ Change ☐ Addition		
STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME	☐ Delete		☐ Change ☐ Addition		
STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME	☐ Delete		☐ Change ☐ Addition		
STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME	☐ Delete		☐ Change ☐ Addition		
STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		

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

SIGNATURE:  **03/28/07 786 554 4542**

Date Daytime Phone #