


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90033 007 ***150.00

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| DOCUMENT # P03000065007 |  |
| 1. Entity Name RICK'S ELECTRONICS, INC. | |

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| Principal Place of Business 846 SE 46TH LANE CAPE CORAL, FL 33904 | Mailing Address 846 SE 46TH LANE CAPE CORAL, FL 33904 |
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| 2. Principal Place of Business 4637 SE DEL PRADO BLVD | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

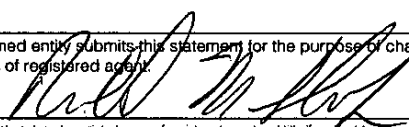
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| City & State CAPE CORAL, FLORIDA | City & State |
| Zip 33904 | Country USA |



01102005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 11-3696590 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

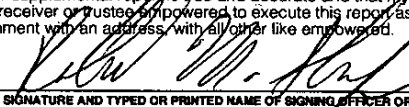
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| 6. Name and Address of Current Registered Agent SHAFER, RICHARD 846 SE 46TH LANE CAPE CORAL, FL 33904 | 7. Name and Address of New Registered Agent Name SHAFER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4637 SE DEL PRADO BLVD. City CAPE CORAL FL Zip Code 33904 |
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| 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  RICHARD M. SHAFER PRESIDENT/AGENT/OWNER/ 1/17/05 DATE |
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| FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SHAFER, RICHARD 846 SE 46TH LANE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 reports 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.

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| SIGNATURE:  | Date 1/17/05 (239) 549-1696 Daytime Phone # |
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