


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000076253</b>	
<b>1. Entity Name</b> <b>UNIVERSAL ELECTRIC SERVICES OF BREVARD, INC.</b>	

<b>Principal Place of Business</b> 2940 OHIO STREET WEST MELBOURNE, FL 32904	<b>Mailing Address</b> 2940 OHIO STREET WEST MELBOURNE, FL 32904
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04252006 No Chg-P CR2E034 (11/05)

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<b>4. FEI Number</b> 20-0111730	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

DURBIN, KELLY M  
1443 ALBERNI STREET NW  
PALM BAY, FL 32907

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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** \_\_\_\_\_ Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	BRUCE, JAMES W JR.
<b>STREET ADDRESS</b>	2940 OHIO STREET
<b>CITY-ST-ZIP</b>	WEST MELBOURNE, FL 32904
<b>TITLE</b>	D
<b>NAME</b>	BRUCE, PATRICIA J
<b>STREET ADDRESS</b>	2940 OHIO STREET
<b>CITY-ST-ZIP</b>	WEST MELBOURNE, FL 32904
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/18/06-80005-016 158.75

**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:** James W. Bruce Jr. **4-28-06 321-722-145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES W. BRUCE JR.**