2006 FOR PROFIT CORPÓRATION ANNUAL REPORT (AR)

Jan 25, 2006 08:00 AM DOCUMENT # P03000105412 **Secretary of State** 1. Entity Name KDD ELECTRIC, INC. Principal Place of Business Mailing Address 2204 WEDGEWOOD COURT NAVARRE FL 32566 2204 WEDGEWOOD COURT NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEi Number Applied For 20-0274500 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame DELLNER, KENNETH D Street Address (P.O. Box Number is Not Acceptable) 2204 WEDGEWOOD COURT NAVARRE FL 32566 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, lyped or printed name of registered agent and title if applicable INOTE Required Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete ITTLE TITLE Change Addition NAME DELLNER, KENNETH D NAME STREET ADDRESS 2204 WEDGEWOOD DRIVE 180800401219 12/0**6-**80036-003 150.00 STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 CITY-57-70P TITLE ☐ Delete T(T) = T(T)Change Addition NAME DELLNER, BETTE B NAME STREET ADDRESS 2204 WEDGEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 CITY-SI-ZIP me Delete TITLE ☐ Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deicte TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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12. It hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 it 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: General D. Delly KENDER D. DELLAFR 1/23/06 (850) 939-6220