2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 12, 2007 08:00 AM Secretary of State DOCUMENT # P03000121404 1. Entity Name GEORGE R. GOODWIN ELECTRIC, INC. Principal Place of Business Mailing Address 4151 NW 43 ST #546 4151 NW 43 ST #546 GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 CR2E034 (11/05) 01102007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3692710 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOODWIN, GEORGE R DO NOT WRITE 4151 NW 43 ST #546 GAINESVILLE, FL 32606 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 Signature, typed or printed name of registered agent and little 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE NAME GOODWIN, GEORGE R 4151 NW 43 ST #546 STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP U00000584271 01/12/07-80031-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP mu NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 emacwered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #