2005 FOR PROFIT CORPORATION

Jan 26, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P03000144164 ULTIMATE ELECTRIC, INC. Principal Place of Business Mailing Address 3145 FELL ROAD 3145 FELL ROAD MELBOURNE, FL 32904 MELBOURNE, FL 32904 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0852692 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALLOWAY, RONALD D DO NOT WRITE 3145 FELL ROAD MELBOURNE, FL 32904 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 000000197800 01/27/05-80027-012 150.00 OFFICERS AND DIRECTORS 10. TITLE CALLOWAY, RONALD D NAME 3145 FELL ROAD STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32904 CALLOWAY, BRENDA B NAME STREET ADDRESS 3145 FELL ROAD CITY-ST-ZIP MELBOURNE, FL 32904 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST. 7IP TITLE

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 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.

EXALD D-CALCOLATION

| 1. 20-05 321-723-1016|

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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