2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 08:00 AM Secretary of State

DOCUMENT # P0300 1. Entity Name ULTIMATE ELECTRIC, INC.	U144164 		
Principal Place of Business	Mailing Address		
3145 FELL ROAD MELBOURNE, FL 32904	3145 FELL ROAD MELBOURNE, FL 32904		



CALLOWAY, RONALD D
3145 FELL ROAD
MELBOURNE, FL 32904

DO NOT WRITE
IN THIS SPACE

		}						
 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 								
90,44,017	Signature, typed or printed name of registered agent and tille	il applicable , (NOTE Registered)	Agent signalure required when reinstating)	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	PD CALLOWAY, RONALD D 3145 FELL ROAD MELBOURNE, FL 32904							
THE NAME STREET ADDRESS CHY-ST-ZIP	STD CALLOWAY, BRENDA B 3145 FELL ROAD MELBOURNE, FL 32904		UDDOO0406728 02/07/06-80099-020 150.0					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

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 empowered.

SIGNATURE: Brield &	2. Callour	ROMALD D.	CALLOWN	Pars.	1/24/06 321-723.1010
SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OF CER O	R DIRECTOR	,	Date	Daylime Phone #