2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRI

Aug 29, 2007 08:00 AM Secretary of State DOCUMENT # P03000150899 STEVE BASS ELECTRIC, INC. Principal Place of Business Mailing Address 2369 CLUBHOUSE DR WEST PALM BEACH FL 33409 2369 CLUBHOUSE DR WEST PALM BEACH FL 33409 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) City & State City & State 4. FEI Number Applied For 83-0379767 Not Applicable Zιο Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASS, STEVE C Street Address (P.O. Box Number is Not Acceptable) 2369 CLUBHOUSE DR WEST PALM BEACH FL 33409 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered edicy or registered agent, proof in the Stato of Florida I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS:\$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May 8e 9. Election Campaign Financing DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TIFLE ☐ Delete TITLE Change BASS, STEVE C NAME NAME STREET ADDRESS 2369 CLUBHOUSE DR STREET ADDRESS U000000773009 CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP 08/29/07-80003-023 550.00 ☐ Delete TITLE Change ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED