2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 16, 2007 08:00 Al Secretary of State **DOCUMENT # P03000155639** KEN EDDY ELECTRIC, INC. Principal Place of Business Mailing Address 823 EDDY STREET 823 EDDY STREET LAKELAND, FL 33803 LAKELAND, FL 33803 04122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-0500860 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent DO NOT WRITE EDDY, MICHAEL K 823 EDDY STREET LAKELAND, FL 33803 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 000000711170 04/25/07-80072-015 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE EDDY, MICHAEL K NAME STREET ADDRESS 823 EDDY STREET CITY-ST-ZIP LAKELAND, FL 33803 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY+SI+7IP

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 occurate 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 of 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:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

Daytime Phone #