

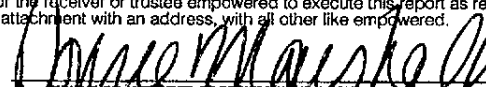


FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000003005							
1. Entity Name MARSHALL ELECTRIC INC.							
Principal Place of Business 1320 W. SMITH STREET ORLANDO, FL 32804		Mailing Address 1320 W. SMITH STREET ORLANDO, FL 32804					
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>							
		<div style="text-align: center;"></div> <div>02212005 No Chg-P CR2E034 (10/03)</div> <table border="1"><tr><td>4. FEI Number 80-0082418</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 80-0082418	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 80-0082418	Applied For Not Applicable						
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent MARSHALL, DONNA A 1320 W. SMITH STREET ORLANDO, FL 32804		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARSHALL, ERIC 1320 W. SMITH STREET ORLANDO, FL 32804	<div style="text-align: center;">UD00000265380 03/16/05-80056-006 158.75</div> <div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARSHALL, DONNA 1320 W. SMITH STREET ORLANDO, FL 32804						
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Donna Marshall		3/13/05 407-649-9865					