2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM DOCUMENT# P04000015646 Secretary of State ATLANTIC SUN ELECTRIC, INC. Mailing Address Principal Place of Business 507 D HERBERT STREET **507 D HERBERT STREET** PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 20-0668641 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired п Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DILL, LARRY Street Address (P.O. Box Number is Not Acceptable) 73 WENTWORTH LANE PALM COAST, FL 32164 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17 11. 10. Addition ☐ Delete ☐ Change IIICE TITLE DILL, LARRY NAME NAME 73 WENTWORTH LANE STRELT ADDRESS STREET ADDRESS PALM COAST, FL 32164 CITY-ST-ZIP CITY-ST-70 ☐ Change ☐ Defete TITLE Addition TITLE U00000551121 DILL, PEGGY NAME NAME 05/13/06-80089-002 150.00 73 WENTWORTH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete DILE NAME NAME STREET ADDRESS STREET ADDRESS OTY-S1-729 CITY-ST-ZIP Delete ☐ Chance ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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.

SIGNATURE: Sony Voll, LARRY PILL, PACE 4/98/6 186-931-6144