2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021716

Entity Name: 5 STAR ELECTRIC INC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4066 SUNRISE FARMS RD MIDDLEBURG, FL 32068 US **Current Mailing Address: New Mailing Address:** 4180 MAIL COACH CT 4066 SUNRISE FARMS RD MIDDLEBURG, FL 32068 US MIDDLEBURG, FL 32068 US FEI Number: 65-1209945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POWERS, SHERRI L VP 4066 SUNRISE FARMS ROAD MIDDLEBURG, FL 32068 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition POWERS, THOMAS P Name: Name: 4066 SUNRISE FARMS RD Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: POWERS, SHERRI L Name: 4066 SUNRISE FARMS RD Address: Address: MIDDLEBURG, FL 32068 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition POWERS, THOMAS P JR Name: Name: 4066 SUNRISE FARMS RD Address Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: () Delete Title: () Change () Addition POWERS, DANIELLE Name: Name: Address: 4066 SUNRISE FARMS RD Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: Title: () Delete () Change () Addition Name: POWERS, KANDICE Name: 4066 SUNRISE FARMS RD Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: MIZE, KENNETH 2777 GRANITE RIDGE COURT Address: Address: City-St-Zip: City-St-Zip: ORANGE PARK, FL 32065 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS POWERS P 04/21/2009