06/29/2005 09:50 3065740067 SHINNER ACCT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State
08-08-2005 90046 017 ***150.00

66026728

DOCUMENT # P04000076678

1. Entity Name
ELECTRA BTQUE TOO INC

Principal Place of Business	Mailing Address
1883 WEST SR 434 LONGWOOD, FL 32750 US	238 NEW GATE LOOP HEATHROW, FL 32746 US

2. Principal Place of Business	3. Mailing Address
1883 W SR 434	1883 W SR 434
Suite, Apt. #, etc.	Suite, Apt. #, etc. LNGWOOD
City & State LONGWOOD FL	City & State FL
Zip 32750 Country USA	Zip 32746 Country USA

06292005 Chg-P CR2E034 (10/03)

4. FEI Number 56-2458575 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EDWARDS, PARLO
238 NEW GATE LOOP
HEATHROW, FL 32746

7. Name and Address of New Registered Agent
Name: Parlo Edwards
Street Address (P.O. Box Number is Not Acceptable): 238 New Gate Loop
City: Heathrow FL Zip Code 32746

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: EDWARDS, PARLO STREET ADDRESS: 238 NEW GATE LOOP CITY-ST-ZIP: HEATHROW, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Parlo Edwards 8/19/05 402-1762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #