


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90176 008 \*\*\*150.00

<b>DOCUMENT # P04000093627</b>		
1. Entity Name <b>ZEE ELECTRIC, INC.</b>		

Principal Place of Business <b>5258 N ORANGE BLOSSOM TRAIL APT 307 ORLANDO, FL 32810 US</b>	Mailing Address <b>5258 N ORANGE BLOSSOM TRAIL APT 307 ORLANDO, FL 32810 US</b>
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2. Principal Place of Business <b>220 Wilmer Ave</b>	3. Mailing Address <b>P.O. Box 680644</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orlando, FL</b>	City & State <b>Orlando</b>
Zip <b>32811</b>	Country <b>US</b>
Country <b>US</b>	Zip <b>32868</b>



04222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>900182689</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BERTIN-MAURICE, GILLES 5258 N ORANGE BLOSSOM TRAIL APT 307 ORLANDO, FL 32810</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERTIN-MAURICE, GILLES</b>		NAME <b>Bertin-Maurice, Gilles</b>	
STREET ADDRESS <b>5258 N ORANGE BLOSSOM TRAIL APT 307</b>		STREET ADDRESS <b>220 Wilmer Ave</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32810</b>		CITY-ST-ZIP <b>Orlando, FL 32811</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		NAME <b>Juliette Leesean</b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b>220 Wilmer Ave</b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b>Orlando, FL 32811</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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:** *[Signature]* **4/26/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #