2006 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNU	L REPORT		FILED SECRETARY OF STATE	
1. Entity Nam	MENT # P040001 ECTRIC OF TALLAHASS			APR 24 PM 12: 09	
Principal Place of Business 2009 SHADY OAKS DRIVE TALLAHASSEE, FL 32303		Mailing Address 2009 SHADY OAKS DRIV TALLAHASSEE, FL 3230			ı
2. Principal Place of Business  2004 MCKEE RJ.		3. Mailing Address 2004 MCK	150 Rd,		
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State		04242006 Chg-P CR2E034 (11/05)  4. FEI Number Applied Fo	y
Zip Country 3 2 3 0 3 LESS US		TAU MASSO	Country	5. Certificate of Status Desired S8.75 Additional	
523	6. Name and Address of Curr		<u> </u>	Fee Required 7. Name and Address of New Registered Agent	
			Name	1. Haile and realises of her registrote right	
	EGORY L DY OAKS DRIVE SSEE, FL 32303		Street Addres	ess (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	$\dashv$
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, typegrophinized name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	Signature, typed opprinted name of registered a	gent and title if applicable. (NOTE	: Hegistered Agent signature requ	quired when reinstating) DATE	
FIL After Ma	E N <b>OW</b> !!! FEE IS \$150.00 ay 1, 2006 Fee will be \$5!	9. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees	
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICH, GREGORY L 2009 SHADY OAKS DRIVE TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Add	lition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	V PRICE, TERRENCE 3045 THOMAS DRIVE TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICH, KATHERINE L 2009 SHADY OAKS DRIVE TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Add 500073429395 05/01/0601019030 **150.00	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	lition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	Jition
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:  4-24-06 \$50-556-2716					
SIGNAI	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER		Date Daytime Phone	=