2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000077151

1. Entity Name

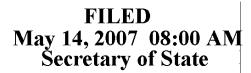
ODESSA ELECTRICAL MANUFACTURERS, INC.



Principal Place of Business

280 SCARLET BLVD OLDSMAR, FL 34677 Mailing Address

280 SCARLET BLVD OLDSMAR, FL 34677





DO NOT WRITE IN THIS SPACE

 05082007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 54-0545105
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDENS, J R 280 SCARLET BLVD OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its	registered offi	ce or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered				1 Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campa Due by September 14, 2007 Trust Fund Cont					\$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 DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDENS, J R 280 SCARLET BLVD OLDSMAR, FL 34677			g, i •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						U00000764015 05/30/07-80038-022 150.00
TITLE NAME STREET ADORESS CITY+ST-ZIP			į		DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP					in in	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		;	•	
THILE NAME STREET ADDRESS CITY-ST-ZIP		4		**	,,	

Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2007

813.855-9416

Daytime Phone #