

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000156297

Entity Name: UTILITY SPECIALIST, INC.

**FILED**  
**Jul 02, 2007**  
**Secretary of State****Current Principal Place of Business:**4300 S HWY 1  
SUITE 203-327  
JUPITER, FL 33477**New Principal Place of Business:****Current Mailing Address:**4300 S HWY 1  
SUITE 203-327  
JUPITER, FL 33477**New Mailing Address:**

FEI Number: 20-3846292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**JACKSON, WILLIAM  
4300 S HWY 1  
SUITE 203-327  
JUPITER, FL 33477 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: JACKSON, WILLIAM  
Address: 4300 S HWY 1, SUITE 203-327  
City-St-Zip: JUPITER, FL 33477Title: VT (X) Delete  
Name: COMFORT, TED  
Address: 14171 LITTLE CYPRESS CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM JACKSON

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07/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date