## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000166286  1. Entity Name BRILLIANT ELECTRIC, INC.	SECRETARY OF STATE DIVISION OF CORPORATIONS  08 JUN 26 PM 4: 02
Principal Place of Business  5149 HAMILTON LANE PACE, FL 32571 US  Mailing Address  5149 HAMILTON LANE PACE, FL 32571 US	
DO NOT WRITE IN THIS SPA	04282008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applicable St. Certificate of Status Desired Status Desired Fee Required
MCFADYEN, ROSS M 5149 HAMILTON LANE PACE, FL 32571	DO NOT WRITE IN THIS SPACE
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  9. Election Campaign Financing  \$5.00 May Be	
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  ITILE NAME MCFADYEN, ROSS M STREET ADDRESS CITY-ST-ZIP TITLE NAME MCFADYEN, ROSS M STREET ADDRESS CITY-ST-ZIP TITLE TRES NAME MCFADYEN, ROSS M STREET ADDRESS CITY-ST-ZIP TITLE TRES NAME MCFADYEN, ROSS M STREET ADDRESS CITY-ST-ZIP TITLE TRES NAME MCFADYEN, ROSS M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	800131813028 06/27/0801030016 **150.00 DO NOT WRITE IN THIS SPACE
12. I hereby certify that the information supplied with this filing does not qualify for the exe indicated on this report or supplemental report is true and accurate and that my signat of the corporation or the receiver or trustee empowered to execute this report as require changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECT.	red by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 5-28-208, 850-686-2506