2007 FOR PROFIT CORPORATION

Mar 15, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000008920** 03-15-2007 90035 024 ***150.00 1. Entity Name WIRENUTZ ELECTRIC, INC. 49996827 Principal Place of Business Mailing Address 4175 LA STARZA DRIVE 4175 LA STARZA DRIVE NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4201377 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEEKS JR JAMES. FORTHERINGHAM, JOY Street Address (P.O. Box Number is Not Acceptable) 226 MCINTOSH RD ORMOND BEACH, FL 32174-5517 A STARZA DR Brach 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEEKS, JAMES JR NAME 4175 LA STARZA DRIVE STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP City-St-ZIP TITLE Delete TITLE ☐ Change ■ Addition MEEKS, JESSICA NAME NAME 4175 LA STARZA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 appowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: (

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED N

FILED