## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P93000006809 ELECTA ENERGY, INC. Principal Place of Business Mailing Address 3299 GLENNA LANE 3299 GLENNA LANE SARASOTA, FL 34239-408 US SARASOTA, FL 34239-408 US 04132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0378541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MOSTI, MIKAEL DO NOT WRITE 3289 GLENNA LANE SARASOTA, FL 34239 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 primed name of registered agent and title if explicable. (NOTE: Registered Agent algnerure required when remarkating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS πτε NAME MOSTI, MIKAEL STREET ADDRESS 3299 GLENNA LANE U000000511144 CITY-ST-ZIP SARASOTA, FL 08 04/29/06-80036-004 150.00 BRE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADOMESS DO NOT WRITE City-St-Zit IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACCRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-20

12. I hereby certify that the information-sympoliced 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 feccivery of lifetiee 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 attacfament with this didner like empowered.

HITSIDEN

TIMARE MOSTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/14/06

FILED