2007 FOR PROFIT CORPORATION -ANNUAL REPORT (AR)

May 07, 2007 8:00 am Secretary of State DOCUMENT # P93000080790 1. Entity Name 05-07-2007 90052 035 ***150.00 W.E.D. ELECTRIC & ELECTRONICS CO. Principal Place of Business Mailing Address 8169 DELAWARE DR. 8169 DELAWARE DR. WEEKI WACHEE FL 33607 WEEKI WACHEE FL 33607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5335 W. HILLSBORD BLUD 5335 W. HILLSBORD BLUD 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0457806 COCONUT CREEK, FL City & State Applied For COCONUT CREEK, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name National Process of the N DOWNEY, WALTER E 8169 DELAWARE DR. WEEKI WACHEE FL 33607 CIL COPUT CREEK 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 SIGNATURE WALTER E. DoWNEY Signature, typed or printed name of registered agent and title capilloable. APRIL 23, 2007 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete DOWNEY, WALTER E. 5335 W. HILLS BORD BLUD #817 DOWNEY, WALTER E NAME NAME 8169 DELAWARE DR. STREET ADDRESS STREET ADDRESS COCONUTCREEK, FL 33073 WEEKI WACHEE FL 34607 CITY - ST - ZIP CHY-ST-ZIP AT Delete ☐ Change ■ Addition DOWNEY, WALTER E JR. NAME NAME 4260 MONTANO AVE. STREET ADDRESS STREET ADDRESS SPRING HILL FL 33609 CITY-ST-ZIP CITY - ST - ZIP Delete щц ☐ Change ☐ Addition INTLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST-ZIP Delete ☐ Change TITLE HHE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CATY - ST - 7LP TOLE ☐ Change THE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

FILED

WALTER E-DOWNEY APRIL 23, 2007 954 428-9295

FSIGNING OFFICER OR DIRECTOR

Dayserse Phone #

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.