2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2007 8:00 am Secretary of State **DOCUMENT # P94000018796** 04-18-2007 90172 021 ***150.00 JJM ELECTRIC, INC. Principal Place of Business Mailing Address 40067306 6730 NW 27TH TERR 6730 NW 27TH TERR FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0473013 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATEYCHICK, JOSEPH Street Address (P.O. Box Number is Not Acceptable) **6730 NW 27TH TERR** FORT LAUDERDALE, FL 33309 City Zip Code 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 regregated approximation fitting if applicable. (NOTE: Registered Agent signature required when revisitating) DATE 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition NAME MATEYCHICK, JOSEPH J NAME STREET ADDRESS 6730 NW 27TH TERR STREET ADORESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP DILE Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE. ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 empowered. 973-9143 SIGNATURE: \(\frac{1}{2}\) SIGNATURE AND TYPED OR PRINTED NAME OF SIG NO OFFICER OR DIRECTOR

FILED