2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am Secretary of State DOCUMENT # P94000026291 1. Entity Name 03-16-2006 90229 028 ***150.00 ELINCO ELECTRICAL CONTRACTORS, INC. Principal Place of Business Mailing Address 1594 NW 114 TERRACE PLANTATION FL 33323 1594 NW 114 TERRACE PLANTATION FL 33323 . Mailing Address バタイルw 2. Principal Place of Business 1594 NW Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3234748 Not Applicable Country 42H Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGH, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1594 NW 114TH TERRACE PLANTATION FL 33323 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 pointed namy of registered agent and title it applicable (NOTE: Registered Agent signature required when ministating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD ☐ Change Addition TITLE ☐ Defete TITLE SINGH, MICHAEL NAME NAME STREET ADDRESS 1594 N.W. 114TH TERRACE STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33323 Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. 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 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.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06

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Daytime Phone