2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 08:00 A Secretary of State DOCUMENT # P94000052724 1. Entity Name ARC ELECTRIC, INC. Principal Place of Business Mailing Address 920 INDIANA AVE 920 INDIANA AVE FT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 CR2E034 (11/05) 04302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0503073 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUDDOCK, EVERTON' DO NOT WRITE 920 INDIANA AVE FT LAUDERDALE, FL 33312 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RUDDOCK, EVERTON NAME 920 INDIANA AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33312 MILE U00000756801 05/23/07-80047-001 158.75 RUDDOCK, JENNIFER NAME STREET ADDRESS 920 INDIANA AVE FT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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.

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TITLE NAME STREET ADDRESS

SIGNATURE: 2

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

954 557-4070

FILED