2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P94000078625 1. Entity Name ALLIED ELECTRIC MOTORS & DRIVES, INC. Principal Place of Business Mailing Address4725 LAKELAND COMMERCE PKWY 4725 LAKELAND COMMERCE PKWY

FILED May 01, 2006 08:00 Al Secretary of State

LAKELAND, FL 33805 US LAKELAND, FL 33805 US		
DO NOT WRITE IN THIS SPACE		01052006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For N
6. Name and Address of Current Registere	nd Agent	5. Certificate of Status Desired Fee Required
MURPHY, RONALD T 4740 CLEVELAND HEIGHTS BLVD. LAKELAND, FL	NA Agent	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purp the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if appropriate to the purp the purp statement of the purp the purp statement of the purp t	-	r registered agent, or both, in the State of Florida 1 am familiar with, and accept tura required when relinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTO	RS	
ITILE D PEARCE, DAVID E JR. STREET ADDRESS CITY-ST-ZIP MT STERLING, KY 40353	Q. 47 - 1	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000552559 05/15/06-80017-004 150.00
title Name Street address City-St-Zip		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS GITY-S1-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		contained in Chapter 119. Elevida Statutes I further cartify that the information

Thereby certify that the information supplied with this titing does not quality 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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8636650x0x

Daytime Phone #