2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # P95000014840 PELLICER ELECTRIC SERVICES, INC. Principal Place of Business Mailing Address 9870 GOLDENROD DRIVE 9870 GOLDENROD DRIVE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 03302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0615939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PELLICER, FRANK A DO NOT WRITE 9870 GOLDENROD DRIVE BOYNTON BEACH, FL 33437 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE 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. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PTS TITLE PELLICER, FRANK A NAME STREET ADDRESS 9870 GOLDENROD DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33437 VΡ U00000685281 04/06/07-85066-014 150.00 TITLE PELLICER, LADY M STREET ADDRESS 9870 GOLDENROD DR CITY-ST-ZIP BOYNTON BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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 eath; 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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3-31-07

(561)601-9439

Daytime Phone ∉