2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with

SIGNATURE

FILED Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # P96000029494 1. Entity Namo LIVERPOOL ELECTRIC INC. Principal Place of Business Mailing Address 8222 GUMWOOD AVENUE 8222 GUMWOOD AVENUE TAMPA FL 33619-7146 TAMPA FL 33619-7146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-3371890 Not Applical. Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SEALS N' SIGNATURES Street Address (P.O. Box Number is Not Acceptable) 6822 22ND AVE. NORTH SUTIE 277 ST. PETERSBURG FL 33710 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. (NOTE: Registered Agent signature required when rounstating) DAN FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P. After May 1, 2007 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 HILL HILLE ☐ Change Addin Delete LIVERPOOL, STANLEY NAMS MALS U00000609434 8222 GUMWOOD AVE STREET ADDRESS STREET ADDRESS 02/01/07-80050-003 150.00 TAMPA FL CITY ST 70 CITY SE ZIP Delcie anı ☐ Change Assisting Assistance NAME MARK STOLL LADDRESS SUBJECT ADORESS CHY St-7IP CHY SI ZIP ☐ Change Addition TITLE ☐ Defete 11111 NAME NAME SINTEL ADDRESS SIRLE LADDRESS CITY ST 70P CHY SEZIP ☐ Change Artifi HHE ☐ Delete 11111 NAME NAM SIDELL ADDRESS SHILL LADDRESS CUY SI ZIP CRY ST 782 ☐ Change ☐ Additio HIII Delete MILE NAME NAME SHRIFT ADDRESS STREET ADDRESS CITY ST 710 1011Y - \$1 - 71P Change ☐ Addition ll(LE 11111 Detele NAME NAMI SIDELL ADDRESS STREET ADDRESS CITY ST ZIP CHY SI-ZIP 12. I horoby 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 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 office of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver of of the receiver