


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000053393		
1. Entity Name VANGUARD ELECTRIC, INC.		

FILED

08 SEP -2 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10260 FISHER AVENUE TAMPA, FL 33619	Mailing Address 4015 W. FAIR OAKS AVE. TAMPA, FL 33611
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10260 FISHER AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA, FLORIDA	
Zip	Country	Zip	Country
33619	USA	33619	USA

08262008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent HALBERT, WILLIAM B 4015 W FAIR OAKS AVE TAMPA, FL 33611	
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7. Name and Address of New Registered Agent Name KEVIN HALBERT Street Address (P.O. Box Number is Not Acceptable) 10260 FISHER AVENUE City TAMPA FL Zip Code 33619	
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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:  8/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR HALBERT, WILLIAM B 4015 W. FAIR OAKS AVE. TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALBERT, KEVIN P.O. BOX 2503 ZEPHYRHILLS, FL 33539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200135602872 1/08--01026--012 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  8/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2009/5