

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90039 046 ***158.75

DOCUMENT # P96000080867 1. Entity Name ELECTRICAL ENGINEERING, DESIGN AND INSTALLATION OF WINTER HAVEN, INC.					
Principal Place of Business 7190 SOUTHEAST FEDERAL HIGHWAY #10 STUART, FL 34997-8693			Mailing Address 401 EAST OSCEOLA STREET STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 7190 SE. FEDERAL HIGHWAY		3. Mailing Address 18215 SE. RIDGEVIEW DRIVE			
Suite, Apt. #, etc. #10		Suite, Apt. #, etc.			
City & State STUART, FLORIDA		City & State TEQUESTA, FLORIDA		4. FEI Number 59-3403752	
Zip 34997-8693		Country USA		Applied For Not Applicable	
Zip 34997-8693		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SADOW, BRUCE 18215 SE RIDGEVIEW DRIVE TEQUESTA, FL 33469			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>BRUCE SADOW Bruce Sadow</i></u> DATE <u>JANUARY 15, 2007</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SADOW, BRUCE 18215 SE RIDGEVIEW DR TEQUESTA, FL 33469	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SADOW, ADAM 18273 SE RIDGEVIEW DR TEQUESTA, FL 33469	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SEACH, JANET 2379 TREASURE ISLE DR. #A27 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u><i>BRUCE SADOW Bruce Sadow</i></u> <u>1/15/07</u> <u>561-309-0520</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					