## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 08, 2006 08:00 AM **Secretary of State** DOCUMENT-# P96000087724 1. Entity Name PRO ELECTRIC, INC. Principal Place of Business Mailing Address 331 SANDPIPER AVENUE PO BOX 210606 ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33421 03042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0707172 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWIERZKO, KARL A 331 SANDPIPER AVENUE DO NOT WRITE ROYAL PALM BEACH, FL 33411 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. I am familiar with, and accept the obligations of registered agent. (PICITE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee Will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VTS SWIERZKO, SHERRY L NAME STREET ADDRESS 331 SANDPIPER AVE ROYAL PALM BEACH, FL CITY-ST-ZP U00000460330 33/20/06-8000C 00C 150.00 SWIERZKO, KARL A NAME STRELT ADDRESS 331 SANDPIPER AVE ROYAL PALM BEACH, FL CITY-ST-70 TITLE PLANAT STREET ADDRESS DO NOT WRITE CITY-SI-ZIP THE IN THIS SPACE NAUE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an enacthment with an address, with all philing tipe simpowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ED HAME OF SIGNING OFFICER OR DIRECTOR

**FILED**