2005 FOR PROFIT CORPORATION "ANNUAL REPORT (AR)

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P97000019471 1. Entity Name 04-29-2005 90226 042 ***150.00 B & B ELECTRONICS, INC. Principal Place of Business Mailing Address 19872 SR 20 W 19872 SR 20 W **BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 59-3499953 Not Applicable 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 Name BAILEY, ARTHUR SR Street Address (P.O. Box Number is Not Acceptable) 19572 SR 71N **BLOUNTSTOWN FL 32424** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RITLE TITLE Delete ☐ Change Addition BAILEY, ARTHUR S NAME NAME 19572 SR 71 N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL 32424** CITY-ST-7IP VP FITLE ☐ Delete TITLE П Спалое Addition BAILEY, ARTHUR J NAME 16302 NW WILLARD SMITH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL 32424** CITY-ST-ZIP TITLE ☐ Defete TITE F Addition Windy MAM MCCORMICK, WINDY NAME STREET ADDRESS 19572 SR 71N STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL 32424** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete THILE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12 I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED