2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # P97000078244 Jul 01, 2005 8:00 A.M. NEWTON ELECTRIC, INC. OF CENTRAL FLORIDA Secretary of State Principal Place of Business Mailing Address 10634 E COLONIAL DR. 10634 E. COLONIA DR. ORLANDO, FL 32817 ORLANDO, FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06162005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3466492 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWTON, FRED Street Address (P.O. Box Number is Not Acceptable) 10634 E COLONIAL DR ORLANDO, FL 32817 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) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE X Delete Change Addition Newton, Fred 10634 E. Colonial Dr. NAME NEWTON, FRED NAME STREET ADDRESS 10634 E COLONIAL DR STREET ADDRESS Orlando, Fl. 32817 CITY-ST-ZIP ORLANDO, FL 32817 CITY-ST-ZIP TITLE PST Delete TITLE □ Change ☐ Addition **NEWTON, SANDY** MAME Newton, Sandra D. 10634 E. Colonial Dr. STREET ADDRESS 10634 E COLONIAL DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32817 CITY-ST-ZIP Orlando. Fl. 32817 Addition TITLE ☐ Delete TITLE ☐ Change NAME Newton, Christopher P. 10634 E. Colonial Dr. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Orlando, Fl. 32817 ☐ Delete TITLE ☐ Change Addition NAME NAME Newton, Angela J. 10634 E. Colonial Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, Fl. 32817 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 700057424687 07/13/05--01054--025 **70.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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.

OFFICER OR DIRECTOR