2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100587

Title:

Name:

Address:

City-St-Zip:

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FILED Jan 12, 2006 Secretary of State

Entity Name: CONSOLIDATED ELECTRICAL SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 5425 W. CRENSHAW ST. 3615 EAST LAKE AVENUE TAMPA, FL 33634 TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 5425 W. CRENSHAW ST. POST OFFICE BOX 11707 TAMPA, FL 33634 TAMPA, FL 33680 FEI Number: 59-3480848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RONALD, DARRIGO DESQ. 4503 NORTH ARMENIA AVE SUITE 101 TAMPA, FL 33603 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PDS (X) Change () Addition PASETTI, LAWRENCE T III PASETTI, LAWRENCE T III Name: Name: 5425 W. CRENSHAW ST. 3615 E. LAKE AVENUE Address: Address: TAMPA, FL 33634 City-St-Zip: City-St-Zip: TAMPA, FL 33610 Title: S/T Title: VPTD (X) Change () Addition () Delete FERNANDEZ, FRANK A TRIPP, MARY Name: Name: 5425 W. CRENSHAW ST. 3615 E. LAKE AVENUE Address: Address: TAMPA, FL 33634 TAMPA, FL 33610 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

CEOD

JURADO, KEITH M

TAMPA, FL 33610

3615 E. LAKE AVEUNE

() Change (X) Addition

Ρ SIGNATURE: LAWRENCE T PASETTI III 01/12/2006