2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P98000010356 1. Entity Name UNITED ELECTRICAL SYSTEMS, INC. Principal Place of Business Mailing Address **203 E LAURA STREET** P.O BOX 4256 PLANT CITY, FL 33566 PLANT CITY, FL 33564

FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90298 042 ***150.00

60026183



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01252006

4. FEI Number 59-3497980

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. | Name | and | Address | of | Current | Registere | d Agent |
|----|------|-----|---------|----|---------|-----------|---------|
| | | | | | | | |

HARDEN, JAMES G 203 E LAURA STREET PLANT CITY, FL 33566

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the p | ourpose of changing its register | red office or registered ag | gent, or both, in the State of F | lorida. I am familiar wit | th, and accept | |
|---------------------------------------|---|---|-------------------------------------|----------------------------------|---------------------------|----------------|--|
| the obligat | tions of registered agent. | | | | | | |
| SIGNATURE. | | | | | | | |
| | Signature, typed or printed name of registered agent and title | f applicable (NOTE, Registers | ed Agent signature required when re | einstating) | DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution. | | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOOLE, TIMOTHY J 3118 TOOLE ROAD LITHIA, FL 33547 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARDEN, JAMES G 6418 VARN ROAD PLANT CITY, FL 33565 | | 4.6 | | | | |
| TITLE | | | 1 | | • • • • | - , | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS | | | | IN THIS S | PACE | | |
| CITY-ST-ZIP | | | 4. | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | . | | | | |
| TITLE | | | 1 | • | • | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | , | | | |
| indicated of the cor | certify that the information supplied with this li on this report or supplemental report is true a portation or the receiver or trustee empowere or on an attachment with anyaddress/with al | nd accurate and that my signal to execute this report as requi | ture shall have the same t | legal effect as if made under | oath; that I am an offic | er or director | |