2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 AM **DOCUMENT # P98000070382 Secretary of State** DATARITE ELECTRIC, INC. Mailing Address Principal Place of Business 13288 S.W. 120TH STREET 13288 S.W. 120TH STREET SUITE 100 SUITE 100 MIAMI, FL 33186 MIAMI, FL 33186 03072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0859028 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE MORAN, JAMES P 11465 S.W. 96 TERRACE MIAMI, FL 33186 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. SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MORAN, JAMES P NAME 11465 SW 96 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 tm F NAME 000000663897 03/22/07-80022-017 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 eath; that I am an officer or director of the corporation or the receiver or trustle 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 accuracy with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR DOS - 1 7 - 1

3/12/07 305 785-5826

FILED