2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P98000070551 BAY COURT ELECTRIC, INC. Principal Place of Business Mailing Address 11156 NARRAGANSETT BAY CT. 11156 NARRAGANSETT BAY CT. WELLINGTON, FL 33414 WELLINGTON, FL 33414 03192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0870996 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BORNA, HOWARD DO NOT WRITE 11156 NARRAGANSETT BAY CT. WELLINGTON, FL 33414 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **PSTD** NAME BORNA, HOWARD STREET ADDRESS 11156 NARRAGANSETT BAY CT. CITY-ST-ZIP WELLINGTON, FL 33414 U00000727415 TITLE 05/04/07-80046-021 150.Φ0 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby cartify 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 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 orientattachment with an accuracy each of the corporation of the corporation of the receiver or trustee empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED