2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2007 08:00 AM Secretary of State **DÖCUMENT # P99000001132** PAT PATTERSON ELECTRICAL SERVICES, INC. Principal Place of Business Mailing Address 1921 WAHALAW CRT P 0 BOX 6423 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32314 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3549947 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATTERSON, RICHARD D DO NOT WRITE 1921 WAHALAW COURT TALLAHASSEE, FL 32301 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 regestered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PATTERSON, RICHARD D NAME STREET ADDRESS 1921 WAHALAW COURT CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE U00000728063 STREET ADDRESS 05/07/07-80002-009 150.00 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like incovered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-23-07 850-402-0071

FILED