

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90207 024 ***150.00

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1. Entity Name
2ELECT, INC.



Principal Place of Business
**213 SOUTHEAST 8TH STREET
 THE BLACKSTONE ANNEX
 FORT LAUDERDALE, FL 33316**

Mailing Address
**POST OFFICE BOX 460397
 FORT LAUDERDALE, FL 33346**

94070427



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0929918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STRUM, SHANE S
 1720 HARRISON ST., APT 9-H
 HOLLYWOOD, FL 33020**

**DO NOT WRITE
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD - Pres.	NAME STRUM, SHANE
STREET ADDRESS 1720 HARRISON STREET- UNIT 9H	CITY-ST-ZIP HOLLYWOOD, FL 33020
TITLE VD	NAME Kidrick, Lynn
STREET ADDRESS 1720 Harrison Street - UNIT 9H	CITY-ST-ZIP Hollywood, FL 33020
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: Shane Strum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 (954) 608-8731
 Date Daytime Phone #