2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 09, 2005 8:00 am Secretary of State DOCUMENT # P99000069752 05-09-2005 90284 004 ***150.00 MILLENNIUM ELECTRICAL CONTRACTING, INC. Principal Place of Business Mailing Address 3727 SPRING PARK ROAD 3727 SPRING PARK ROAD 14017283 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business 3. Mailing Address 6380 PHILIDS SAMI Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State JACKSONI 59-3591342 Not Applicable Žip \$8.75 Additional Country 5. Certificate of Status Desired うてて16 Ou VAL US Fee Required だし 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVID GERRY GERRY, DAVID W Street Address (P.O. Box Number is Not Acceptable) 3727 SPRING PARK RD. JACKSONVILLE, FL 32207 PHILIDS HWY City Zip Code 3 2 ス / ム DOCUSONVILLE 8. The above named entity submits this statement for the purpose of changing its registered ottide stered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DAVID W. GERRY (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be . \square Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TILLE TITLE ☐ Addition JOHNSTON, RICHARD J NAME 638. PHILIDS HWY STREET ADDRESS 3727 SPRING PARK RD. STREET ADDRESS JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP VP TITLE Delete TITLE GERRY, DAVID W NAME NAME 6380 PHILLAS HUY 3727 SPRING PARK RD. STREET ADDRESS STREET ADDRESS JACKSONVILLE FR 32216 JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change Addition TITLE SMITH, HOWARD J NAME NAME 3727 SPRING PARK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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, Flavida 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: RICIIANO SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

FILED