2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2007 08:00 AM Secretary of State DOCUMENT # P99000069752 MILLENNIUM ELECTRICAL CONTRACTING, INC. Principal Place of Business Mailing Address 6380 PHILIPS HWY 6380 PHILIPS HWY JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 No Chg-P CR2E034 (11/05) 01042007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3591342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GERRY, DAVID W DO NOT WRITE 6380 PHILIPS HWY JACKSONVILLE, FL 32216 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, typed or printed name of registered agent and title 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 10. OFFICERS AND DIRECTORS TITLE JOHNSTON, RICHARD J NAME STREET ADDRESS 6380 PHILIPS HWY 000000752184 CITY-ST-ZIP JACKSONVILLE, FL 32216 05/21/07-80006-010 158.75 GERRY, DAVID W NAME 6380 PHILIPS HWY STREET ADDRESS JACKSONVILLE, FL 32216 CITY-ST-ZIP JOHNSTON, RICHARD J NAME STREET ADDRESS 6300 PHILIPS HWY DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 32216 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information purplied with this timing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier that I report is true 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 impowered 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 appress with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-7IP

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/4/0

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FILED

Daytime Phone #