2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 08:00 A Secretary of State DOCUMENT # P99000072014 1. Entity Name 4B ELECTRIC, INC. Principal Place of Business Mailing Address 1521 NORTH 73RD AVENUE 1521 NORTH 73RD AVENUE HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 CR2E034 (11/05) 02212007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0942298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORBEY, BRENDA C DO NOT WRITE 1521 NORTH 73RD AVENUE HOLLYWOOD, FL 33024 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 ministrating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000645261 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/02/07-80077-010 150.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE FORBEY, BRENDA C STREET ADDRESS 1521 NORTH 73RD AVENUE HOLLYWOOD, FL 33024 CITY-ST-ZIP VD TITLE FORBEY, DONALD NAME STREET ADDRESS 1521 NORTH 73RD AVENUE CITY-ST-ZIP HOLLYWOOD, FL 33024 D TITLE FORBEY, KYLEN NAME STREET ADDRESS 1521 NORTH 73RD AVENUE DO NOT WRITE CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify 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 receipter 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date Design Printed Name Procest