2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

DOCUMENT # P99000097239 1. Entity Name ALBANESE ELECTRIC INC.					Secretary of S	
1918 JUNO F PH	Incipal Place of Business Mailing Address 918 JUNO ROAD 1918 JUNO ROAD H PH ORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 334		08			
DO NOT WRITE IN THIS SPAC			CE	04152007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0960378 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DELISI, MARTIN				DO	NOT WOITE	
4361 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410			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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees	U00000749047 05/18/07-80006-010 150.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBANESE, RICHARD 1918 JUNO ROAD NORTH PALM BEACH, FL 33408					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS						

12. Thereby 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 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: X

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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