

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # S78989 1. Entity Name ELECTRICAL SYSTEMS, INC.			
Principal Place of Business 360 CYPRESS DRIVE STE 1 TEQUESTA, FL 33469 US		Mailing Address P.O. BOX 3104 TEQUESTA, FL 33469 US	
DO NOT WRITE IN THIS SPACE		01082007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0281521 Applied For Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMPAGE, JAMES R. 562 N. DOVER ROAD TEQUESTA, FL 33469		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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000596508 01/23/07-80082-005 158.75	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	HUMPAGE, JAMES R.		
STREET ADDRESS	562 N. DOVER ROAD		
CITY-ST-ZIP	TEQUESTA, FL 33469		
TITLE	VP		
NAME	HUMPAGE, JAMES		
STREET ADDRESS	562 N. DOVER RD		
CITY-ST-ZIP	JUPITER, FL 33469		
TITLE	S		
NAME	HUMPAGE, BETHANY B		
STREET ADDRESS	562 N. DOVER ROAD		
CITY-ST-ZIP	TEQUESTA, FL 33469		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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: <i>Bethany B. Humpage</i>		<i>BETHANY B. HUMPAGE</i> CORP. SEC. 1/16/07 562-747-9700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	