2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # S99219** 04-14-2008 90049 024 ***150.00 R. L. SAWYER ELECTRIC CORP. Mailing Address Principal Place of Business 16283 ALEXANDER RUN 16283 ALEXANDER RUN 40068003 JUPITER, FL 33478 JUPITER FL 33478 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Cho-P CR2E034 (12/06) 4 EEI Number Applied For City & State City & State 65-0306104 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent crons. SAWYER, RICHARD L. Street Address (P.O. Box Number is Not Acceptable) 27 PENNOCK LN SUITE 101 JUPITER, FL 33458 Zip Code ろろりつき 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 agy it 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, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE Change ☐ Addition TITLE ☐ Delete SAWYER, RICHARD L. NAME NAME STREET ADDRESS 27 PENNOCK LN STE 101 STREET ADDRESS 16283 Alexander Run JUPITER, FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NGUYEN, SON NAME NAME STREET ADDRESS STREET ADDRESS 3611 LIGHTHOUSE DR CITY-ST-ZIP PALM BCH GDNS, FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED