2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: JAMES

Apr 05, 2006 08:00 AM Secretary of State DOCUMENT # V06558 1. Entity Name AMPRO ELECTRIC CO., INC. Principal Place of Business Mailing Address 4503 BRUTON ROAD 4503 BRUTON ROAD PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3109607 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAGAN, EDWIN B. Street Address (P.O. Box Number is Not Acceptable) 2709 RÓCKY POINT DRIVE SUITE 102 TAMPA FL 33607 City Zip Code 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 accepthe obligations of registered agent. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! EEE IS \$150.00 \$5.00 May 8-9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ☐ Change 🔲 🗸 अंतुन्यः DILE NAME PHILLIPS, JAMES R NAME U00000491833 STREET ADDRESS 4503 BRUTON RD STREET ADDRESS 04/19/06-80039-809 150.00 City-St-ZIP PLANT CITY FL CITY-ST-ZIP Artific Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-Z(P □ ***** BILL Octob ☐ Change NAME MARK STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZP ☐ Change [] Action TOUR Delete HD) E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Delote □ Change Addin. TITLE TITLE NAME NAME STREET ADDRESS SERFELADORESS CITY-ST-ZIP CITY-ST-DP Change THE ☐ Delete TITLE ■ Motion NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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 direction 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 1 of changed, or on an attachment with an address, with all other like empowered.

FILED