-2006 FOR PROFIT CORPORATION

SIGNATURE:

Apr 13, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT #V33865 GULFSIDE ELECTRICAL SERVICE, INC. Principal Place of Business Mailing Address P.O. BOX 7306 SEMINOLE, FL 34645 14101 YACHT CLUB BLVD SEMINOLE, FL 33776 US 01312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3140691 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WAMBLES, DONALD M. DO NOT WRITE 14101 YACHT CLUB BLVD SEMINOLE, FL 33776 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITI F WAMBLES, DONALD M. U00000506416 STREET ADDRESS 14101 YACHT CLUB BLVD 04/27/06-80020-019 150.00 CTTY-ST-ZIP SEMINOLE, FL 33776 1171E NAME STREET ACCRESS CITY-\$7-21P NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS DIV-SI-78 TITLE STREET ADORESS 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 tike empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED