2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V60797

1. Entity Name

D.H.M. ELECTRICAL SERVICE, INC.



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

BOYNTON BEACH, FL 33436

Mailing Address

10429 ST ANDREWS RD SUITE 401 10429 ST ANDREWS RD Boynton Beach, FL 33436

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01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0352302

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTSON, DANIEL H 10429 ST ANDREWS RD BOYNTON BEACH, FL 33436

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 egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIRECTORS										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPV MATTSON, DANIEL H. 10429 ST ANDREWS RD BOYNTON BEACH, FL				Hogopot soco						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTSON, DANIEL H. 10429 ST ANDREWS RD BOYNTON BEACH, FL			·	000000812626 02/12/08-80057-001 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE								
TITLE NAME STREET ADDRESS											

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;

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2008 (561) 735-7476

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