



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112757 2. Name of Corporation ELECTRO 800, INC.  
3. Street Address Principal Business Office 321 SOUTH MAIN ST PROVIDENCE R.I. City State Zip 02903-USA  
4. Business Phone No. 1-800-836-7864 5. State of Incorporation RHODE ISLAND 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island SALES + ADVERTISING

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name BELLE MENAGER Vice President Name  
Street Address P.O. Box 1976 Street Address  
City PASO ROBLES CA City State Zip  
Secretary Name BELLE MENAGER Treasurer Name  
Street Address P.O. Box 1976 Street Address  
City PASO ROBLES CA City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name BELLE MENAGER Director Name SHARON FESBINDER  
Street Address P.O. Box 1976 Street Address P.O. Box 1976  
City PASO ROBLES CA City PASO ROBLES CA State CA Zip 93447-1976 State CA Zip 93447-1976  
Director Name Director Name  
Street Address Street Address  
City State Zip City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares 1000 Class Series Par Value NONE

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares 100 Class Series Par Value NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**  
File Date OCT 15 2007  
Check No. 2122  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Belle Menager 9/23/07  
Signature of Officer  
BELLE MENAGER  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer