

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023048

FILED
Sep 05, 2006
Secretary of State

Entity Name: 4-STAR POWER EQUIPMENT, INC.

Current Principal Place of Business:

3776 N. ACCESS ROAD
ENGLEWOOD, FL 34225

New Principal Place of Business:

3776 N. ACCESS ROAD
ENGLEWOOD, FL 34225 US

Current Mailing Address:

99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O DOROTHY L. KORSZEN
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

FEI Number: 20-2346435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORSZEN, DOROTHY L
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

KORSZEN, DOROTHY L
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

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.

SIGNATURE: _____

09/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SUSTRICH, LAWRENCE
Address: 508 BUENA VISTA DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: DS () Delete
Name: SUSTRICH, DIANNE
Address: 508 BUENA VISTA DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: DT () Delete
Name: SUSTRICH, ROY
Address: 508 BUENA VISTA DRIVE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SUSTRICH, LAWRENCE
Address: 508 BUENA VISTA DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: DS (X) Change () Addition
Name: SUSTRICH, DIANNE
Address: 508 BUENA VISTA DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: DT (X) Change () Addition
Name: SUSTRICH, ROY
Address: 508 BUENA VISTA DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE SUSTRICH

DP

09/05/2006

Electronic Signature of Signing Officer or Director

Date