2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State
06-28-2004 90009 001 ***563.75

DOCUMENT # P03000017526

1. Entity Name
POWER PROTECTION SYSTEMS INC.

54058997

03152004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
3340 HEARTHSTONE CT HOLIDAY, FL 34691	3340 HEARTHSTONE CT HOLIDAY, FL 34691

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 45-0493419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ACEBEDO, SANDRA
3340 HEARTHSTONE CT
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	D ACEBEDO, MICHAEL D 3340 HEARTHSTONE CT HOLIDAY, FL 34691	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T MICHAEL D. ACEBEDO 3340 HEARTHSTONE CT. HOLIDAY, FL 34691	☑ Change ☐ Addition
TITLE PRES. NAME STREET ADDRESS CITY-ST-ZIP	D ACEBEDO, SANDRA D 3340 HEARTHSTONE CT HOLIDAY, FL 34691	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ACEBEDO, SANDRA J.	☑ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	D WINGFIELD S, JOHN 3340 HEARTHSTONE CT HOLIDAY, FL 34691	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sandra J Acebedo 6.21.04 (727) 944-5567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #