


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90192 012 ***150.00

DOCUMENT # F02000000796

1. Entity Name
MYRPOWER, INC.



Principal Place of Business
**21 EAST DUDLEY TOWN ROAD, UNIT B
 BLOOMFIELD, CT 06002**

Mailing Address
**1701 W. GOLF RD.
 SUITE 1012
 ROLLING MEADOWS, IL 60008**

50017265



2. Principal Place of Business
1701 W. Golf Rd.

3. Mailing Address

Suite, Apt. #, etc.
1012

Suite, Apt. #, etc.

City & State
Rolling Meadows IL

City & State

Zip
60008

Country

Zip

Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
36-4361380

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANASZEK, STEVEN J 436 BUTLER ST SUITE 201 PITTSBURGH, PA 15223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, WILLIAM H 445 FORUM PKWY RURAL HALL, NC 27045 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, MARCO 1701 WEST GOLF ROAD, SUITE 1012 ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGER, GERALD B JR 12150 E. 112TH AVE. HENDERSON, CO 80640 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOERTNER, WILLIAM A 1701 WEST GOLF ROAD, SUITE 1012 ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT WOLF, GREGORY T 1701 W. GOLF RD., SUITE 1012 ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William A. Koertner 1701 W. Golf Rd. Ste 1012 Rolling Meadows IL 60008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: *Gregory T. Wolf* **Gregory T. Wolf** 4/29/06 (847) 290-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #