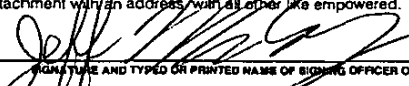


FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90097 019 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000003203		
1. Entity Name TECHNIPOWER, INC.		
Principal Place of Business 3450 BUSCHWOOD PARK DR. STE. 160 TAMPA, FL 33618		Mailing Address 1080 Holcomb Bridge Road Suite 250, Bldg. 100 Roswell, GA 30076
DO NOT WRITE IN THIS SPACE		
		50048782 
		04252005 No Chg-P CR2E034 (10/03)
4. FEI Number 91-2189926		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		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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD and Director MCCOY, JEFF 1080 Holcomb Bridge Road, Ste. 250 Roswell, GA 30076 Bldg. 100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCOY, KELLY 1080 Holcomb Bridge Road, Ste. 250 Roswell, GA 30076 Bldg. 100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD and Director KIMMEL, JOSEPH 25 PAGE AVENUE ASHEVILLE, NC 28801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4 / 28 / 05 (770) 804- Date Daytime Phone # 9977

Jeff McCoy, President