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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	Mailing Address
3450 BUSCHWOOD PARK DR. STE. 160 TAMPA, FL 33618	1080 Holcomb Bridge Road Suite 250, Bldg. 100 Roswell, GA 30076

50048782

04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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, 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	PDand Director
NAME	MCCOY, JEFF
STREET ADDRESS	1080 Holcomb Bridge Road, Ste. 250
CITY-ST-ZIP	Roswell, GA 30076 Bldg. 100
TITLE	S
NAME	MCCOY, KELLY
STREET ADDRESS	1080 Holcomb Bridge Road, Ste. 250
CITY-ST-ZIP	Roswell, GA 30076 Bldg. 100
TITLE	CD and Director
NAME	KIMMEL, JOSEPH
STREET ADDRESS	25 PAGE AVENUE
CITY-ST-ZIP	ASHEVILLE, NC 28801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4 / 28 / 05 (770) 804-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jeff McCoy, President