


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90007 030 \*\*\*558.75

<b>DOCUMENT # F05000006008</b>	
1. Entity Name <b>MOLTECH POWER SYSTEMS, INC.</b>	

Principal Place of Business <b>12705 US HIGHWAY 441 ALACHUA, FL 32615</b>	Mailing Address <b>12705 US HIGHWAY 441 ALACHUA, FL 32615</b>
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2. Principal Place of Business <b>1908 NW 67th PLCE</b>	3. Mailing Address <b>1908 NW 67th PLCE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>GAINESVILLE, FL</b>	City & State <b>GAINESVILLE, FL</b>
Zip <b>32653</b>	Country <b>USA</b>

07112006 Chg-P CR2E034 (11/05)

4. FEI Number <b>16-1625250</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BRASHEAR &amp; ASSOC., P.L. 926 NW 13TH STREET GAINESVILLE, FL 32601</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 like empowered.

**SIGNATURE:**  **LI SUN (VP ADMIN.)** **7/11/06** **(352) 264-9850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #