

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002261

FILED
Aug 18, 2008
Secretary of State

Entity Name: POWERPLANT MAINTENANCE SPECIALISTS, INC.

Current Principal Place of Business:

2610 MASTERS BLVD
NAVARRE, FL 32566 US

New Principal Place of Business:

70 BOULDER ROCK DR
PALM COAST, FL 32137 US

Current Mailing Address:

2900 BRISTOL STREET
STE #H202
COSTA MESA, CA 92626

New Mailing Address:

FEI Number: 33-0602214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MCEACHERN, JAMES D
Address: 2900 BRISTOL STREET, STE H202
City-St-Zip: COSTA MESA, CA 92626 US

Title: CFO () Delete
Name: MCEACHERN, JAMES D
Address: 2900 BRISTOL STREET, STE H202
City-St-Zip: COSTA MESA, CA 92626 US

Title: D () Delete
Name: MCEACHERN, JAMES D
Address: 2900 BRISTOL STREET, STE H202
City-St-Zip: COSTA MESA, CA 92626 US

Title: VP (X) Delete
Name: SMITH, MICHAEL
Address: 2610 MASTERS BLVD
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D MCEACHERN

PRES

08/18/2008

Electronic Signature of Signing Officer or Director

Date