
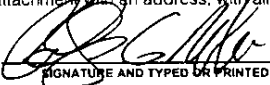


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90157 049 ***158.75

DOCUMENT # G06298 1. Entity Name POWER SERVICES OF NE, INC.					
Principal Place of Business 3773 CENTRAL AVE STE A268 ST PETERSBURG, FL 33713			Mailing Address 3773 CENTRAL AVE STE A268 ST PETERSBURG, FL 33713		
2. Principal Place of Business - No P.O. Box # 8950 DR MLK ST NORTH		3. Mailing Address PO BOX 55368			
Suite, Apt. #, etc. SUITE #130		Suite, Apt. #, etc. 			
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL		4. FEI Number 59-2218970	
Zip 33702		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINEBRENNER, JACK M. 3773 CENTRAL AVE. ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name 		
			Street Address (P.O. Box Number is Not Acceptable) 8950 DR Martin Luther King St North		
			Suite 130		
			City St Petersburg		FL Zip Code 33702
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAMARA, PHILIP LOWER WILSON POND GREENVILLE, ME 04441		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRODERICK, J S 182 PLAINS RD LITCHFIELD, ME 04350		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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:  PHILIP G. MCNAMARA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 04/13/07		Daytime Phone # 727/327-1202