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Secretary of State

04-30-2008 90185 023 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G06298

1. Entity Name
POWER SERVICES OF NE, INC.

Principal Place of Business	Mailing Address
8950 DR MLK NORTH SUITE 130 SAINT PETERSBURG, FL 33702	P.O. BOX 55368 SAINT PETERSBURG, FL 33732

01302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1384 - 54 AVE NE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St Petersburg FL		City & State	
Zip: 33703	Country: USA	Zip	Country

4. FEI Number: 59-2218970 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINEBRENNER, JACK M. 8950 DR MARTIN LUTHER KING ST NORTH SUITE 130 SAINT PETERSBURG, FL 33702	Name: Street Address (P.O. Box Number is Not Acceptable): 1384 - 54th Ave NE City: St Petersburg FL Zip Code: 33703

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCNAMARA, PHILIP		NAME	
STREET ADDRESS	LOWER WILSON POND		STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE, ME 04441		CITY-ST-ZIP	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRODERICK, J S		NAME	
STREET ADDRESS	182 PLAINS RD		STREET ADDRESS	
CITY-ST-ZIP	LITCHFIELD, ME 04350		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] Philip McNamara 4/27/08 727/327-1256

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