2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H75937

FILED May 05, 2005 Secretary of State

Entity Name: PRO-TEC POWER SOLUTIONS INC.

Current Principal Place of Business:		New Principal Place of Business:			
	ON AVENUE OOD, FL 3422	23			
Current N	lailing Addre	ss:	New Maili	ing Address:	
	ON AVENUE OOD, FL 3422	23			
El Number	: 59-2597901	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
lame and	d Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
705 LEM	AN, TOM ON AVENUE OOD, FL 3422	23 US			
			nurnose of changing	its registered office or registered agent, or b	oth
he above			purpose of changing	its registered office or registered agent, or b	oth,
he above the Stat	e named entity e of Florida. RE:	submits this statement for the		its registered office or registered agent, or b	oth,
he above the Stat	e named entity e of Florida. RE:			its registered office or registered agent, or b Date	oth,
The above n the Stat BIGNATU	e named entity e of Florida. RE:	submits this statement for the	gent		
The above in the State SIGNATU DFFICER ittle: lame: .ddress: bity-St-Zip: ittle:	e named entity e of Florida. RE: Electrol S AND DIRECTOR PD (MONAGHAN, F 1705 LEMON A ENGLEWOOD	submits this statement for the nic Signature of Registered Again Torks: Delete ATTY AVE FL Delete	gent ADDITION Title: Name: Address: City-St-Zip: Title:	Date NS/CHANGES TO OFFICERS AND DIREC () Change () Addition VP (X) Change () Addition	
The above n the Stat BIGNATU	e named entity e of Florida. RE: Electrol S AND DIRECT PD (MONAGHAN, F 1705 LEMON A ENGLEWOOD	submits this statement for the nic Signature of Registered Agestons: TORS: Delete PATTY AVE FL Delete COM AVE	gent ADDITION Title: Name: Address: City-St-Zip:	Date NS/CHANGES TO OFFICERS AND DIREC () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATTY MONAGHAN P 05/05/2005