


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J72314</b> 1. Entity Name <b>POWER SYSTEMS RESEARCH INC.</b>	
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Principal Place of Business <b>551 FIFTH AVENUE SUITE 417 NEW YORK, NY 10176</b>	Mailing Address <b>C/O LOPEZ &amp; ROMERO MONTELIONE, P.C. 551 FIFTH AVENUE, #417 NEW YORK, NY 10176</b>
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**DO NOT WRITE IN THIS SPACE**



05062008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-3496353</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

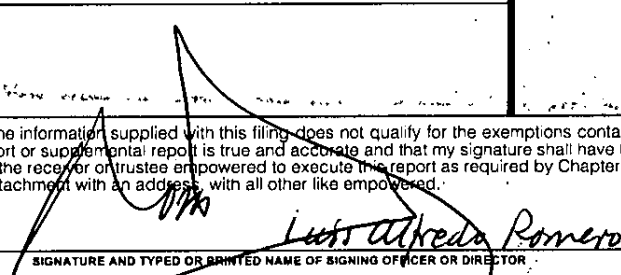
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000951031 06/04/08-80015-013 550.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOPEZ, MARTA E 551 5TH AVE SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROMERO, LUIS A 551 5TH AVE SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P PEREIRA, MARIO V F. 551 5TH AVE SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONTELIONE, RICHARD 551 5TH AVE SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, SANDRA 551 5TH AVE SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **5/5/08 (212) 661-3691**

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