

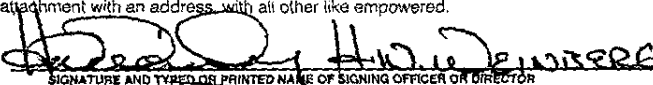
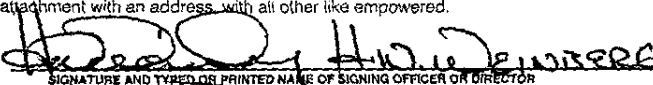


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # K48444		
1. Entity Name SPARES POWER, INC.		
Principal Place of Business % MITCHELL A. WEINBERG 14040 NW 7TH AVE MIAMI, FL 33168	Mailing Address % MITCHELL A. WEINBERG 14040 NW 7TH AVE MIAMI, FL 33168	 01052005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0087823 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WEINBERG, MITCHELL A. 14040 NW 7TH AVE MIAMI, FL 33168		
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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 U00000332901 04/26/05-80075-016 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WEINBERG, HERBERT W. 14040 NW 7TH AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WEINBERG, MITCHELL A. 14040 NW 7TH AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-19-05 Daytime Phone # 305-685-55