

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019250

FILED
May 01, 2006
Secretary of State

Entity Name: POWERHOUSE AUTOMATION LLC

Current Principal Place of Business:

1459 LAMPLIGHTER WAY
ORLANDO, FL 32818

New Principal Place of Business:

2695 ASHVILLE ST
ORLANDO, FL 32818

Current Mailing Address:

1459 LAMPLIGHTER WAY
ORLANDO, FL 32818

New Mailing Address:

2695 ASHVILLE ST.
ORLANDO, FL 32818

FEI Number: 54-2065691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TORO, RUBEN D
7345 SAND LAKE RD.
204
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN, ROBERT J
Address: 1459 LAMPLIGHTER WAY
City-St-Zip: ORLANDO, FL 32818

Title: MGRM () Delete
Name: COHEN, JEFF P
Address: 1459 LAMPLIGHTER WAY
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHEN, ROBERT J
Address: 2695 ASHVILLE ST.
City-St-Zip: ORLANDO, FL 32818

Title: MGRM (X) Change () Addition
Name: COHEN, JEFF P
Address: 2695 ASHVILLE ST.
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT COHEN

MR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date