

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035230

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALTERNATIVE POWER SOLUTIONS, INC.

Current Principal Place of Business:

1638 ACME STREET
ORLANDO, FL 32805

New Principal Place of Business:

6438 UNIVERSITY BLVD
SUITE 15
WINTER PARK, FL 32792

Current Mailing Address:

1638 ACME STREET
ORLANDO, FL 32805

New Mailing Address:

6438 UNIVERSITY BLVD
SUITE 15
WINTER PARK, FL 32792

FEI Number: 59-3722716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVERA, EFRAIN
2627 QUARRY STONE CT
OVIEDO, FL 32765 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVERA, EFRAIN
Address: 2627 QUARRY STONE CT.
City-St-Zip: OVIEDO, FL 32765

Title: V () Delete
Name: GENGE, JOHN C
Address: 1609 W. WESTMORE LAND DRIVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EFRAIN RIVERA

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date