

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086679

FILED
Mar 19, 2008
Secretary of State

Entity Name: FLORIDA POWER TECHNOLOGIES, INC.

Current Principal Place of Business:

2740 S.W. MARTIN DOWNS BLVD.
#188
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

2740 SW MARTIN DOWNS BLVD.
#188
PALM CITY, FL 34990 US

New Mailing Address:

2740 S.W. MARTIN DOWNS BLVD.
#188
PALM CITY, FL 34990 US

FEI Number: 02-0657069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRARY-BUCHANAN
555 COLORADO AVENUE
STUART, FL 34995 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: P () Delete
Name: DEFELICE, LOUIS J
Address: 2740 SW MARTIN DOWNS BLVD, #188
City-St-Zip: PALM CITY, FL 34990 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: DEFELICE, LOUIS J
Address: 2740 SW MARTIN DOWNS BLVD, #188
City-St-Zip: PALM CITY, FL 34990 US

Title: VP, () Change (X) Addition
Name: CILLI, VIVIAN
Address: 2740 SW MARTIN DOWNS BLVD., #188
City-St-Zip: PALM CITY, FL 34990

Title: S,T () Change (X) Addition
Name: DEFELICE, LOUIS J
Address: 2750 SW MARTIN DOWNS BLVD.
City-St-Zip: PALM CITY, FL 34990

Title: D () Change (X) Addition
Name: CILLI, VIVIAN
Address: 2740 SW MARTIN DOWNS BLVD, #188
City-St-Zip: PALM CITY, FL 34990

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: LOUIS J DEFELICE

D

03/19/2008

Electronic Signature of Signing Officer or Director

_____ Date