2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000043993

FILED Apr 26, 2004 8:00 am Secretary of State 04-12-2004 90304 037 ***150.00 03022004 Chg-P CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Zip Code DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition Change ☐ Addition ☐ Change Addition

SOLAR POWER INNOVATIONS, INC. Principal Place of Business Mailing Address 1951 NW 22ND ST 1951 NW 22ND ST FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country 5. Name and Address of Current Registered Agent Name GREENE, MICHAEL E MICHAEL E. GREENE, P.A. Street Address (P.O. Box Number is Not Acceptable) 9900 W SAMPLE RD, STE 324 CORAL SPRINGS, FL 33065 City 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. Signature, typed or printed name of registered spent and title if anoticable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE NAME NAME Wu. Shih 72a STREET ADDRESS STREET ADDRESS 1951 NWasnast Huderlale FL. 33311 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Bucher John 1951 NW Dard St NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP +. Laudordale FL. 33311 CITY-ST-ZIP ST WU TSai Hui 1951 NW Dand St TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS 333/1 -auderdale th CITY-ST-ZIP CITY ST-78 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Delete Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; 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 appediess, with all office like empowered.

STREET ADDRESS

STREET ADDRESS

City-St-ZIP

City-St-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

☐ Delate

Change

☐ Addition