2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000061033

FILED
Apr 26, 2006
Secretary of State

Entity Name: ADVANCED POWER PRODUCTS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
240 CRANDON BOULEVARD #250 KEY BISCAYNE, FL 33149	1101 BRICKELL AVENUE SUITE 801 NORTH MIAMI, FL 33131

Current Mailing Address:	**New Mailing Address:**
240 CRANDON BOULEVARD #250 KEY BISCAYNE, FL 33149	1101 BRICKELL AVENUE SUITE 801 NORTH MIAMI, FL 33131

FEI Number: 56-2370054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DELGADO, PEDRO P CPA 1320 SOUTH DIXIE HIGHWAY SUITE 901 CORAL GABLES, FL 33146 US	DELGADO, PEDRO P CPA 1320 SOUTH DIXIE HIGHWAY SUITE 700 CORAL GABLES, FL 33146 US

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: PEDRO P. DELGADO, CPA 04/26/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:			**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**		
Title:	P	( ) Delete	Title:		( ) Change ( ) Addition
Name:	SCIPIONI, FRANCESCO		Name:		
Address:	14 TURTLE WALK		Address:		
City-St-Zip:	KEY BISCAYNE, FL 33149		City-St-Zip:		
Title:	S	( ) Delete	Title:	VP	(X) Change ( ) Addition
Name:	SCIPIONI, SUSAN L		Name:	LESSIG, WAYNE A	
Address:	14 TURTLE WALK		Address:	6145 POLO CLUB DRIVE	
City-St-Zip:	KEY BISCAYNE, FL 33149		City-St-Zip:	CUMMING, GA 30040	
Title:		( ) Delete	Title:	T	( ) Change (X) Addition
Name:			Name:	SCIPIONI, SUSAN L	
Address:			Address:	14 TURTLE WALK	
City-St-Zip:			City-St-Zip:	KEY BISCAYNE, FL 33149	

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 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: SUSAN L. SCIPIONI T 04/26/2006

Electronic Signature of Signing Officer or Director Date