2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063046

Name:

Address:

City-St-Zip:

MCCORKEL, LORI K S

CLEARWATAER, FL 33760

13173 60TH ST. N.

Entity Name: PATRIOT POWER & TELECOM SYSTEMS, INC.

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
13173 60T CLEARW <i>A</i>	TH ST. N. ATER, FL 3370	60			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX CLEARWA	17343 ATER, FL 3370	62			
FEI Number:	86-1067273	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:					
13173 60T CLEARWA	ATER, FL 3370		urnose of changing its registered	d office or registered agent, or both,	
	of Florida.	submits this statement for the p	urpose of changing its registered	a office of registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () BERTINE, CHA 13173 60TH ST CLEARWATER	. N.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	` '		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LORI MCCORKEL S 03/19/2008