## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Aug 24, 2007 8:00 am Secretary of State DOCUMENT # P04000063834 08-24-2007 90024 037 \*\*\*150 00 POWER MANAGEMENT INTERNATIONAL, INC. Principal Place of Business Mailing Address 4019014 3001 N. ROCKY POINT DR 3001 N. ROCKY POINT DR SUITE 200 SUITE 200 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3581447 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLIS, WINSTON D Street Address (P.O. Box Number is Not Acceptable) 4324 SPINAKER COVE LN 2671 St. Joseph DRive E No. 4 TAMPA, FL 33615 <sup>Zin Code</sup> 8 FL Dunedin 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 agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE DID NOT RECEIVE 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. NOTICE OF FILING Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete Addition Change NAME WALLIS, WINSTON NAME STREET ADDRESS 4324 SPINAKER COVE LN STREET ADDRESS 2671 St. Joseph Drive E No 4 CITY-ST-ZIP **TAMPA, FL 33615** CITY-ST-ZIP Dunedin, FL 34698 TITLE ☐ Delete TITLE ☐ Change ■ Addition PORE, MIKE NAME NAME 7452 SURREY PINES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP APOLLO BEACH, FL 33572 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GARCIA, CARLOS C NAME NAME STREET ADDRESS CIRCUITO DIPLOMATICO #32 STREET ADDRESS CITY-ST-ZIP NAUCALPAN, MX 53100 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition CARRILLO FALCON, JOSE FERNANDO NAME NAME STREET ADDRESS **AVENIDA DE LA HACIENDA #22** STREET ADDRESS CITY-ST-ZIP ATIZAPAN DE ZARAGOZA,, MX 52959 CITY - ST - ZIP TITLE D ☐ Delete TITLE □ Change ■ Addition NAME ALAVEZ, ALEJANDRO B NAME STREET ADDRESS REFORMA 350 P-11 STREET ADDRESS CITY-ST-7iP MEXICO, DF 06600 CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 expect the his 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 a address, with all-otto like empowered. changed, or on an attachment with a

Winston Wallis

ME OF SIGNING OFFICER OR DIRECTOR

813781

**FILED**