

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000063834 1. Entity Name POWER MANAGEMENT INTERNATIONAL, INC.	
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Principal Place of Business 3001 N. ROCKY POINT DR SUITE 200 TAMPA, FL 33607	Mailing Address 3001 N. ROCKY POINT DR SUITE 200 TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3581447	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALLIS, WINSTON D
2671 ST JOSEPH DRIVE E NO 4
DUNEDIN, FL 34698**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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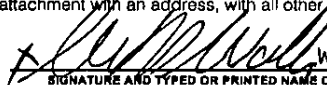
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLIS, WINSTON 2671 ST JOSEPH DRIVE E NO 4 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORE, MIKE 7452 SURREY PINES DRIVE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CARLOS C CIRCUITO DIPLOMATICO #32 NAUCALPAN, MX 53100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO FALCON, JOSE FERNANDO AVENIDA DE LA HACIENDA #22 ATIZAPAN DE ZARAGOZA, MX 52959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAVEZ, ALEJANDRO B REFORMA 350 P-11 MEXICO, DF 06600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/04/08-80059-019.150.00

12. I hereby certify that the information supplied with this filing 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 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 an address, with all other like empowered.

SIGNATURE:  **Winston Wallis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2008 (813) 881-4277
Date Daytime Phone #