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.

Principal Place of Business	Mailing Address
3001 N. ROCKY POINT DR SUITE 200 TAMPA, FL 33607	3001 N. ROCKY POINT DR SUITE 200 TAMPA, FL 33607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

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

U00000951963
06/04/08-80059-019.150:00

DO NOT WRITE IN THIS SPACE

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 5/1/2008 (813)281-4877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #