2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000116162

Entity Name: POWER SOLUTIONS ELECTRIC, INC.

FILED Aug 20, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1433 ROM	MNEY ST			
1 JACKSON	NVILLE, FL 32:	2119113		
Current N	Mailing Addres	ss:	New Mailing Addres	ss:
1433 RON	MNEY ST			
1	NVILLE, FL 32:	2110113		
	,			
FEI Number	r: 20-1480309	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	IARK A MOTH DRIVE NVILLE, FL 32:	226 US		
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	IRE:			
SIGNATU		nic Signature of Registered Ag	ent	Date
				Date ES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address:	Electron S AND DIRECT P (SMITH, MARK 6644 RAMOTH	CTORS:) Delete A I DRIVE		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIRECT P (SMITH, MARK 6644 RAMOTH JACKSONVILL	CTORS:) Delete A I DRIVE E, FL 32226) Delete EA I DRIVE	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTOR
	Electron RS AND DIRECT P (SMITH, MARK 6644 RAMOTH JACKSONVILL VP (SMITH, JOYCE 6644 RAMOTH JACKSONVILL SEC (WOODWARD, 1143 FROMAGE	CTORS:) Delete A I DRIVE E, FL 32226) Delete E A I DRIVE E, FL 32226) Delete OF A I DRIVE E, FL 32226) Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTOR () 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.

City-St-Zip:

SIGNATURE: JOYCE A SMITH VP 08/20/2007

JACKSONVILLE, FL 322119113

City-St-Zip: