

FILED
Jul 11, 2006 8:00 am
Secretary of State

05-10-2006 90090 037 ****61.25
07-11-2006 90013 044 ****97.50

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

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DOCUMENT # P04000120043			
1. Entity Name FOWLER ENERGY SYSTEMS INC			
Principal Place of Business 16248 S. TAMiami TRAIL SUITE 300 FORT MYERS, FL 33908 US FORT LAUDERDALE, FL 33331		Mailing Address 4901 S.W. 164 TERR. . SUITE 300 FT. LAUDERDALE, FL 33331 FORT MYERS, FL 33908 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02062006		Chg-P CR2E034 (11/05)	
4. FEI Number 20-1510756		Applied For Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER, HOLLEN T 4901 SW 164TH TERRACE FORT LAUDERDALE, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, HOLLEN T 4901 S.W. 164TH TERR. FORT LAUDERDALE, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAYTON, PEGGIE LOU 4901 S.W. 164TH TERR. FORT LAUDERDALE, FL 33331 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____ DATE: 02-06-06			