


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90233 036 ***150.00

DOCUMENT # P04000128126	
1. Entity Name GLOBAL POWER SOLUTIONS US, INC.	

Principal Place of Business 3985 GATEWAY CENTER BLVD SUITE 170 PINELLAS PARK FL 33742	Mailing Address 3985 GATEWAY CENTER BLVD SUITE 170 PINELLAS PARK FL 33742
---	---

2. Principal Place of Business 9800 4th ST. N	3. Mailing Address 9800 4th ST. N
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
City & State ST. PETERSBURG FL.	City & State ST. PETERSBURG FL.
Zip 33702	Country US



1st MOORE CR2E034 (10/04)

4. FEI Number 20-1614278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, NELSON 3985 GATEWAY CENTER BLVD., STE 170 PINELLAS PARK FL 33782	7. Name and Address of New Registered Agent Name GONZALEZ, Nelson Street Address (P.O. Box Number is Not Acceptable) 9800 4th ST. N. City ST. PETERSBURG FL Zip Code 33704
--	---

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GONZALEZ, NELSON		NAME CAROL G WEST	
STREET ADDRESS 3985 GATEWAY CENTER BLVD SUITE 170		STREET ADDRESS 536 17th AVENUE N.E	
CITY-ST-ZIP PINELLAS PARK FL 33742		CITY-ST-ZIP ST. PETERSBURG, FL. 33704	
TITLE 	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME Nelson Gonzalez	
STREET ADDRESS 		STREET ADDRESS 9800 4th ST. N	
CITY-ST-ZIP 		CITY-ST-ZIP ST. PETERSBURG, FL. 33702	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carol G West CFO* **1/29/05** **727-563-9770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #