## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000128126

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Delete

FILED Apr 20, 2009 Secretary of State

Entity Nar	ne: GLOBAL	POWER S	OLUTION	NS US, INC.					
Current Principal Place of Business:					New Principal Place of Business:				
9800 4TH S SAINT PET	ST N, 206 FERSBURG, F	L 33702							
Current Mailing Address:					New Mailing Address:				
9800 4TH S SAINT PET	ST N, 206 TERSBURG, F	L 33702							
FEI Number: 20-1614278 FEI Number Applied For ( )					FEI Numbe	er Not Appli	cable ( )	Certificate of Status De	sired()
Name and Address of Current Registered Agent:					N	Name and Address of New Registered Agent:			
9800 4TH S SAINT PET	ΓERSBURG, F		US						
The above in the State	named entity s of Florida.	submits thi	s stateme	nt for the pui	rpose of cl	hanging it	s registere	ed office or registered age	nt, or both,
SIGNATUR	RE:								
Electronic Signature of Registered Agent					t			Date	
Election Can	npaign Financing	Trust Fund	l Contributi	on ( ).					
OFFICERS AND DIRECTORS:					Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () GONZALEZ, NE 9800 4TH ST N, SAINT PETERS	206	3702		Na Ad	tle: ame: ldress: ty-St-Zip:	TRES GONZALEZ 9800 4TH S SAINT PET		
Title: Name: Address: City-St-Zip:	CFO () WEST, CAROLI 536 17TH AVE I SAINT PETERS	ΝE	3704		Na Ad	tle: ame: ldress: ty-St-Zip:	P WEST, CAI 536 17TH A SAINT PET		
Title: Name:	( )	Delete				ile: ame:	VP HOOVER, I	( ) Change (X) Addition MICHAEL	

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

VΡ

12133 PHEASANT DRIVE

COVINGTON, GA 30014

HARRISON, JASON

40 BIRCH RIDGE CT

NEWNAN, GA 30265

( ) Change (X) Addition

SIGNATURE: CAROLE WEST P 04/20/2009