

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134098

FILED
Apr 28, 2006
Secretary of State

Entity Name: EDMONSON POWER SYSTEMS, INC.

Current Principal Place of Business:

1034 SKIPPER RD
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

1034 SKIPPER RD
TAMPA, FL 33613

New Mailing Address:

FEI Number: 20-1679194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDMONSON, TERRANCE
1034 SKIPPER RD
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

EDMONSON, TERRANCE W
1034 SKIPPER RD
TAMPA, FL 33613 US

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.

SIGNATURE: TERRANCE W. EDMONSON

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDMONSON, TERRANCE
Address: 1034 SKIPPER RD
City-St-Zip: TAMPA, FL 33613

Title: VPST () Delete
Name: EDMONSON, KEVIN
Address: 1034 SKIPPER RD
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: EDMONSON, KEVIN
Address: 1034 SKIPPER RD
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDMONSON, TERRANCE W
Address: 1034 SKIPPER RD
City-St-Zip: TAMPA, FL 33613

Title: VPST (X) Change () Addition
Name: EDMONSON, KEVIN K
Address: 1034 SKIPPER RD
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: TERRANCE W. EDMONSON

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date