

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90300 018 \*\*\*158.75

<b>DOCUMENT # P04000170111</b>			
<b>1. Entity Name</b> <b>PRO-TECH POWER, INC.</b>			
<b>Principal Place of Business</b> <b>909 SE 15TH STREET</b> <b>DEERFIELD BEACH, FL 33441</b>		<b>Mailing Address</b> <b>909 SE 15TH STREET</b> <b>DEERFIELD BEACH, FL 33441</b>	
<b>2. Principal Place of Business</b> <b>909 SE 15th St.</b>		<b>3. Mailing Address</b> <b>909 SE 15 St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <b>Deerfield Bch. Florida</b>		<b>City &amp; State</b> <b>Deerfield Bch. Florida</b>	
<b>Zip</b> <b>33441</b> <b>Country</b> <b>USA</b>		<b>Zip</b> <b>33441</b> <b>Country</b> <b>USA</b>	
<b>4. FEI Number</b> <b>20-2133426</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>BRAY, GEORGE L JR</b> <b>909 SE 15TH STREET</b> <b>DEERFIELD BEACH, FL 33441</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b> SIGNATURE: <b>N/A</b> (NOTE: Registered Agent signature required when reinstating)     DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PSTD</b> <input type="checkbox"/> Delete NAME <b>BRAY, GEORGE L JR</b> STREET ADDRESS <b>909 SE 15TH STREET</b> CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33441</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>			
<b>SIGNATURE:</b> <b>George L. Bray Jr.</b>		<b>4/5/6</b> <b>954 725-7245</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date     Daytime Phone #	