

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077567

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: EAGLEPOWER SOLUTIONS, INC.

## Current Principal Place of Business:

103 WHITLEY BAY LANE  
LONGWOOD, FL 32779

## New Principal Place of Business:

4185 W. LAKE MARY BLVD.  
SUITE #230  
LAKE MARY, FL 32746

## Current Mailing Address:

103 WHITLEY BAY LANE  
LONGWOOD, FL 32779

## New Mailing Address:

4185 W. LAKE MARY BLVD.  
SUITE #230  
LAKE MARY, FL 32746

FEI Number: 65-1252106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARNOLD, JAMES S II  
103 WHITLEY BAY LANE  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

ARNOLD, JAMES S II  
4185 W. LAKE MARY BLVD.  
SUITE #230  
LAKE MARY, FL 32746 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: JAMES S. ARNOLD II

02/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: ARNOLD, JAMES S II  
Address: 103 WHITLEY BAY LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: ARNOLD, JAMES S II  
Address: 3213 TIDAL POOL COVE  
City-St-Zip: LAKE MARY, FL 32746

Title: VD ( ) Change (X) Addition  
Name: TAYLOR, JAMES T  
Address: 3213 TIDAL POOL COVE  
City-St-Zip: LAKE MARY, FL 32746

Title: VS ( ) Change (X) Addition  
Name: ARNOLD, ELIJAH E  
Address: 3213 TIDAL POOL COVE  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Change (X) Addition  
Name: ARNOLD, EZEKIEL H  
Address: 3213 TIDAL POOL COVE  
City-St-Zip: LAKE MARY, FL 32746

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: JAMES S. ARNOLD II

CEO

02/08/2006

Electronic Signature of Signing Officer or Director

Date