

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000077567

**FILED**  
**Oct 17, 2006**  
**Secretary of State****Entity Name:** EAGLEPOWER SOLUTIONS, INC.**Current Principal Place of Business:**4185 W. LAKE MARY BLVD.  
SUITE #230  
LAKE MARY, FL 32746**New Principal Place of Business:**5010 CUB LAKE DRIVE  
SUITE #100  
APOPKA, FL 32703**Current Mailing Address:**4185 W. LAKE MARY BLVD.  
SUITE #230  
LAKE MARY, FL 32746**New Mailing Address:**5010 CUB LAKE DRIVE  
SUITE #100  
APOPKA, FL 32703**FEI Number:** 65-1252106**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ARNOLD, JAMES S II  
4185 W. LAKE MARY BLVD.  
SUITE #230  
LAKE MARY, FL 32746 US**Name and Address of New Registered Agent:**TAYLOR, JAMES T  
5010 CUB LAKE DRIVE  
APOPKA, FL 32703 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 TOWNSEND TAYLOR

10/17/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: TAYLOR, JAMES T  
Address: 5010 CUB LAKE DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: VD (X) Change ( ) Addition  
Name: ARNOLD, ELIJAH E  
Address: 5010 CUB LAKE DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: VS (X) Change ( ) Addition  
Name: ARNOLD, EZEKIEL H  
Address: 5010 CUB LAKE DRIVE  
City-St-Zip: APOPKA, FL 32703

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: JAMES TOWNSEND TAYLOR

CEO

10/17/2006

Electronic Signature of Signing Officer or Director

Date