2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096923

FILED Aug 13, 2006 Secretary of State

Entity Name: APSOLUTE POWER INC		-	
Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
1571 BOYER STREET LONGWOOD, FL 32750		180 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	
Current Mailing Address:	New Mailing Addres	New Mailing Address:	
1571 BOYER STREET LONGWOOD, FL 32750		180 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	
FEI Number: 30-0327073 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SCHULTZ, ROBERT 1571 BOYER STREET LONGWOOD, FL 32750 US			
The above named entity submits this statement for the pur in the State of Florida.	rpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent Date		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not r Election Campaign Financing Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D () Delete Name: SCHULTZ, ROBERT Address: 1571 BOYER STREET City-St-Zip: LONGWOOD, FL 32750 Title: () Delete	Address: 1571 BOYE City-St-Zip: LONGWOO Title: V.P.	D, FL 32750 ()Change(X)Addition	
Name: Address: City-St-Zip:	Address: 180 N. WES	MEL V.PRES STMONTE DR E SPRINGS, FL 32714	
Title: () Delete Name: Address: City-St-Zip:	Address: 864 SHEOA	() Change (X) Addition CHRISTELL K SEC/TRE H CIRCLE RINGS, FL 32708	

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: ROBERT SCHULTZ PRES 08/13/2006