

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096923

Entity Name: APSOLUTE POWER INC

FILED
Aug 06, 2008
Secretary of State

Current Principal Place of Business:

180 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

180 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 30-0327073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, ROBERT
1571 BOYER STREET
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SCHULTZ, ROBERT PRES
Address: 1571 BOYER STREET
City-St-Zip: LONGWOOD, FL 32750

Title: V.P. () Delete
Name: STEVENS, MEL V.PRES
Address: 180 N. WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC/ () Delete
Name: SCHULTZ, CHRISTELL K SEC/TRE
Address: 864 SHEOAH CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTELL K. SCHULTZ

MS

08/06/2008

Electronic Signature of Signing Officer or Director

Date