

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 02, 2006 8:00 am  
Secretary of State**

05-02-2006 90232 020 \*\*\*150.00

|                                       |  |   |
|---------------------------------------|--|---|
| DOCUMENT # P05000129741               |  |  |
| 1. Entity Name<br>CENTURY POWER, INC. |  |   |

|  |  |  |
|--|--|--|
| Principal Place of Business<br>4640 GLEBE FARM RD.<br>SARASOTA, FL 34238 |  | Mailing Address<br>4640 GLEBE FARM RD.<br>SARASOTA, FL 34238 |
|--|--|--|

|  |         |                     |         |  |  |  |
|--|---------|---------------------|---------|--|--|--|
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |  |  |  |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc. |         |  |  |  |
| City & State   |         | City & State        |         |  |  |  |
| Zip  | Country | Zip                 | Country |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>TSEKHANOVSKY, BRONYA<br>4640 GLEBE FARM RD.<br>SARASOTA, FL 34238 |         |                     |         | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |  |

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

|  |  |   |  |   |
|--|--|---|--|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TSEKHANOVSKY, BRONYA<br>4640 GLEBE FARM RD.<br>SARASOTA, FL 34238 | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.27.06/941400-7129  
Date Daytime Phone #