

P05000151140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

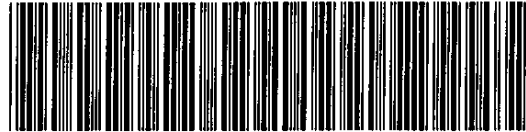
(Business Entity Name)

(Document Number)

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07 MAY 31 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O/D Resign.

6-8-07

DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ABSOLUTE POWER SYSTEMS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000151140

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

NICHOLAS J D'ALESSIO JR.

(Name of Person)

ABSOLUTE POWER SYSTEMS INC.

(Name of Firm/Company)

PO BOX 2086

(Address)

HOBE SOUND FL. 33475

(City/State and Zip Code)

For further information concerning this matter, please call:

NICHOLAS J D'ALESSIO JR.

(Name of Person)

at ( 772 ) 263-2494

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ANTHONY GARILLI, hereby resign as D,VP  
(Title)

of ABSOLUTE POWER SYSTEMS, INC.  
(Name of Corporation)

P05000151140, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
07 MAY 31 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314