## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2007 08:00 All Secretary of State **DOCUMENT # P05000157911** 1. Entity Name **FAIL-SAFE POWER CORPORATION** Principal Place of Business Mailing Address 3398 CRYSTAL ST 3398 CRYSTAL ST GOTHA, FL 34734 GOTHA, FL 34734 No Chg-P CR2E034 (11/05) 01132007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2550069 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STEWART, CINDY DO NOT WRITE 3398 CRYSTAL ST **GOTHA, FL 34734** IN THIS SPACE 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 agnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STEWART, DAVE NAME 3398 CRYSTAL ST STREET ADDRESS CITY-ST-ZIP **GOTHA, FL 34734** U00000716349 TITLE 04/30/07-80003-023 150.bo NAME STEWART, CINDY STREET ADDRESS 3398 CRYSTAL ST CITY-ST-ZIP **GOTHA, FL 34734** TITLE SECKER, CHARLES \$ NAME STREET ADDRESS 26149 COPIAPO CIR DO NOT WRITE CITY-ST-ZIP PUNTA GORDA, FL 33938 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CINALLY Stewart CINALY Stewart

1/16/07

407-298-

FILED

Date

Daytime Phone 492\_5