

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166088

FILED
Mar 26, 2009
Secretary of State

Entity Name: CRITICAL POWER SOLUTIONS INC.

Current Principal Place of Business:

11000 PROSPERITY FARMS RD.
SUITE 102
PALM BEACH GARDENS, FL 33410 PB

New Principal Place of Business:

Current Mailing Address:

11000 PROSPERITY FARMS RD.
SUITE 102
PALM BEACH GARDENS, FL 33410 PB

New Mailing Address:

FEI Number: 20-3986724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMCKE, DAVID R OFFICER
11000 PROSPERITY FARMS RD
SUITE 102
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROMCKE, DAVID
Address: 205 SE ATLANTIC DRIVE
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: RIZZO, ANTHONY
Address: 1100 KEOKUK TERRACE N
City-St-Zip: LEESBURG, VA 20176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID ROMCKE

D

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date