

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094540

FILED
Jan 18, 2008
Secretary of State

Entity Name: LIGHTNING POWER SYSTEMS, INC.

Current Principal Place of Business:

1003 CEDARTREE AVE
LEHIGH ACRES, FL 33971

New Principal Place of Business:

17311 ALICO CENTER RD
UNIT E
FT MYERS, FL 33967

Current Mailing Address:

1003 CEDARTREE AVE
LEHIGH ACRES, FL 33971

New Mailing Address:

17311 ALICO CENTER RD
UNIT E
FT MYERS, FL 33967

FEI Number: 20-5227399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAL, MICHAEL J
1003 CEDARTREE AVE
LEHIGH ACRES, FL 33971 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: P () Delete
Name: SEGAL, MARTIN D
Address: 16201 SW 53 STREET
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: VP () Delete
Name: SEGAL, MICHAEL J
Address: 1003 CEDARTREE AVE
City-St-Zip: LEHIGH ACRES, FL 33971

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: MIKE SEGAL

VP

01/18/2008

Electronic Signature of Signing Officer or Director

_____ Date