## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000142378

Entity Name: NSR POWER SPECIALISTS, INC.

12272 62ND LANE NORTH

WEST PALM BEACH, FL 33412 US

Address:

City-St-Zip:

FILED Feb 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12272 62 ND LANE NORTH WEST PALM BEACH, FL 33412 LIS **Current Mailing Address: New Mailing Address:** 12272 62 ND LANE NORTH WEST PALM BEACH, FL 33412 US FEI Number: 20-5861459 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACKIE, SUZANNE 12272 62ND LANE NORTH WEST PALM BEACH, FL 33412 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MACKIE, SUZANNE Name: Name: 12272 62ND LANE NORTH Address: Address: City-St-Zip: WEST PALM BEACH, FL 33412 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: MACKIE, RICHARD M 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: SUZANNE MACKIE P 02/29/2008