2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073377

Address:

City-St-Zip:

4721 NW 28TH AVE.

BOCA RATON, FL 33434 US

me: PERSONAL SOLAR POWER SYSTEMS. INC

FILED Mar 12, 2009 Secretary of State

Entity Nar	NE: PERSONA	L SOLAR POWER SYSTEMS	o, INC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
340 NW 42 BOCA RAT	2ND ST. FON, FL 33431	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
340 NW 42 BOCA RAT	2ND ST. ΓΟΝ, FL 33431	US			
FEI Number:	33-1190624	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GUENTER, KIRSCHSTEIN 340 NW 42ND ST. BOCA RATON, FL 33431 US			340 NW 42ND ST.	KIRSCHSTEIN, GUENTER PRES 340 NW 42ND ST. BOCA RATON, FL 33431 US	
The above in the State	named entity su of Florida.	ıbmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GUENTER KIRSCHSTEIN				03/12/2009	
	Electronic	Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E KIRSCHSTEIN, G 340 NW 42ND ST BOCA RATON, F	ī	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () E VULTAGGIO, AGO 17782 FOXBORO BOCA RATON, FI	DUGH LN.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	O () [SALAH, MAZEN	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GUENTER KIRSCHSTEIN PRES 03/12/2009