2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045051

Entity Name: SUNGO POWER SYSTEMS, INC

FILED Apr 28, 2009 Secretary of State

Littly Nan	ie. SUNGO P	OVVER STSTEIVIS, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
916 NW 9TH AVE GAINESVILLE, FL 32601				6342 NW 18TH DRIVE SUITE 9 GAINESVILLE, FL 32653		
Current Mailing Address:				New Mailing Address:		
916 NW 9TH AVE GAINESVILLE, FL 32601				502 NW 16TH AVENUE GAINESVILLE, FL 32601		
FEI Number:	26-2679875	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name a	and Address o	f New Registered Agent:	
220 N MAIN GAINESVIL	LE, FL 32601 named entity si	US ubmits this statement for the pu	rpose of changi	ng its registered	d office or registered agent, or both,	
SIGNATUR						
Election Cam		c Signature of Registered Ager Trust Fund Contribution ().	ıt		Date	
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MITTEN, NATE 3820 NW 30TH 1 GAINESVILLE, F	L 32609	Title: Name: Address: City-St-Z	WARREN, M 502 NW 16T ip: GAINESVILL	H AVENUE .E, FL 32601	
Title: Name: Address: City-St-Zip:	VP () I STOCKWELL, A 1804 NW 42ND / GAINESVILLE, F	AVE	Title: Name: Address: City-St-Z	STOCKWEL 1804 NW 42	(X) Change()Addition L, ARTHUR M ND AVE .E, FL 32605	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Z	MITTEN, NA 3820 NW 30	()Change(X)Addition TE TH TERRACE E, FL 32609	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Z	WILSON, NI 3448 NE 4TH		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Z	MAVROMAT 6342 NW 18	()Change(X)Addition ES, SPIRO TH DRIVE - SUITE 9 E, FL 32653	

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: MICHAEL E. WARREN P 04/28/2009