2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P34149

1. Entity Name

POWER ENGINEERS, CONSULTING, INC.



FILED
May 22, 2007 08:00 A
Secretary of State

Principal Place of Business 3940 GLENBROOK DRIVE HAILEY, ID 83333 Mailing Address P.O. BOX 1066 HAILEY, ID 83333



DO NOT WRITE IN THIS SPACE

05072007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 82-0324246 Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

	enamed entity submits this statement for the tions of registered agent.	purpose of chan	ging its registere	d office or re	egistered agent, or bot	th, in the State of Florida	a, I am familiar witi	n, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tit	le il applicable.	(NOTE: Registered	Ageni signalure	required when reinstating)		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Camp. Trust Fund Co			Campaign Finance and Contribution.	zing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIR	ECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAND, JACK 3940 GLENBROOK DR. HAILEY, ID 83333			.•		U00000° 05/31/07∹		550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB POLLOCK, RANDALL L. 3940 GLENBROOK DR. HAILEY, ID 83333							
NAME STREET ADDRESS CITY-ST-ZIP	DT JAMES, JAN 3940 GLENBROOK DR. HAILEY, ID 83333				DO	NOT WF	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAVANAUGH, JOHN 3940 GLENBROOK DR. HAILEY, ID 83333				IN ⁻	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DV HALVERSON, FRANK 3940 GLENBROOK DR. HAILEY, ID 83333							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEIWERT, BARRY 3940 GLENBROOK DRIVE HAILEY, ID 83333						·	endron (co. s
12. I hereby	certify that the information supplied with this	filing does not q	ualify for the exe	mptions cor	tained in Chapter 1,19	, Florida Statutes. I furt	ther certify that the	information

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

ANTS TOMES Jan'S James, Treasurer

May 18, 2

208-788-3456

Daylime Phone #