2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40613

Entity Name: SIMPLY RELIABLE POWER INCORPORATED

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace Of Dusiliess.

10431 N COMMERCE PKWY MIRAMAR, FL 33025

Current Mailing Address: New Mailing Address:

10431 N COMMERCE PKWY MIRAMAR, FL 33025

FEI Number: 23-2648049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHAFFER, ROBERT J GOLD, STUART M
2801 PONCE DE LEON BLVD. 6625 MIAMI LAKES DRIVE
SUITE 550 SUITE 217
CORAL GABLES, FL 33134 US MIAMI LAKES, FL 33014 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: STUART M. GOLD 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: PTD (X) Change () Addition Name: WILLIAMSON, CYRIL J Name: WILLIAMSON, CYRIL J Address: 10431 N. COMMERCE PARKWAY

City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIRAMAR, FL 33025

Name: MOORE, IAN P Name: BYERLEE, RUBEN D

Address: OLD GLENARM ROAD Address: 10431 NORTH COMMERCE PARKWAY

City-St-Zip: LARNE, CO.ANTRIM, BT40IEJ UK, City-St-Zip: MIRAMAR, FL 33025

Title: PD (X) Delete Title: () Change () Addition

 Name:
 HORN, JEFFRÉY A
 Name:

 Address:
 100 NE ADAMS STREET
 Address:

 City-St-Zip:
 PEORIA, IL 61629
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 HUXTABLE, LAURIE J
 Name:

 Address:
 100 NE ADAMS
 Address:

 City-St-Zip:
 PEORIA, IL 61629
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CYRIL J. WILLIAMSON T 05/01/2006