2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # P93000024939 1. Entity Name NEWMAN'S POWER SYSTEMS, INC.							Secret	ary of State
Principal Plac 3076 N KINI FT PIERCE, F		-	Mailing Address 3076 N KINGS HWY FT PIERCE, FL 349				e 16486 ikin beni beni beni beni beni	i Berrya errika erika erika kalinak ili yazik
DO NOT WRITE IN THIS SPAC						04282005 4. FEI Numbi 65-040	er	E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SEISSIGER, GENE 3076 N KINGS HWY FT PIERCE, FL 34951					DO NOT WRITE IN THIS SPACE			
8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and the ill applicable. (NOTE. Registered Agent, sphalure required when remistating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						00 May Be ad to Fees		
TITLE		OFFICERS AND D	RECTORS					·
NAME STREET ADDRESS CITY-ST-ZIP	SEISSIGER 3076 N KING FT PIERCE,	SS HWY		,	··· ·· ·		The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FI FIERCE,	FL					05/03/05-8014	64 7-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				*		—DO	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		76.1-		4		IN .	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			**	· ·				generation ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				جيد				age water.
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further 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, in the all other like empowered.								ertify that the information I am an officer or director s in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					4/20	2/05	772-46	5-2440 Daytime Phone #