2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # P93000024939** 1. Entity Name NEWMAN'S POWER SYSTEMS, INC. Mailing Address Principal Place of Business 3076 N KINGS HWY 3076 N KINGS HWY FT PIERCE, FL 34951 FT PIERCE, FL 34951 04132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0402550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEISSIGER, GENE DO NOT WRITE 3076 N KINGS HWY FT PIERCE, FL 34951 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000540899 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/10/06-80036-012 150.00 10. OFFICERS AND DIRECTORS TITLE SEISSIGER, GENE J HAME 3076 N KINGS HWY STREET ADDRESS FT PIERCE, FL CfTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE MAKEF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

STACET ADDRESS
CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF ORDINECTO

4/14/06

272-465-2480

Daytime Phone #