

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000052369

**FILED**  
**Mar 10, 2008**  
**Secretary of State****Entity Name:** INDUSTRIAL POWER SERVICES, INC.**Current Principal Place of Business:**16921 ROCKRIDGE RD  
POLK CITY, FL 33868 US**New Principal Place of Business:**16923 ROCKRIDGE RD  
POLK CITY, FL 33868 US**Current Mailing Address:**16921 ROCKRIDGE RD  
POLK CITY, FL 33868 US**New Mailing Address:**16923 ROCKRIDGE RD  
POLK CITY, FL 33868 US**FEI Number:** 59-3197871**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ADAIR, ROBIN A  
16921 ROCKRIDGE RD  
POLK CITY, FL 33868 US**Name and Address of New Registered Agent:**ADAIR, ROBIN A CEO  
16923 ROCKRIDGE RD  
POLK CITY, FL 33868 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:** ROBIN ADAIR

03/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** ADAIR, ROBIN A  
**Address:** 16921 ROCK RIDGE RD  
**City-St-Zip:** POLK CITY, FL 33868**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CEO (X) Change ( ) Addition  
**Name:** ADAIR, ROBIN A CEO  
**Address:** 16921 ROCK RIDGE RD  
**City-St-Zip:** POLK CITY, FL 33868**Title:** PRES ( ) Change (X) Addition  
**Name:** KRUSE, BLANE A PRES  
**Address:** 16724 ROCK RIDGE RD  
**City-St-Zip:** POLK CITY, FL 33868**Title:** VP ( ) Change (X) Addition  
**Name:** ADAIR, ROBERT D VP  
**Address:** 16923 ROCK RIDGE RD.  
**City-St-Zip:** POLK CITY, FL 33868

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:** ROBIN ADAIR

CEO

03/10/2008

Electronic Signature of Signing Officer or Director

Date