


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90263 046 \*\*\*150.00

<b>DOCUMENT # P96000095080</b> 1. Entity Name <b>ADVANCED POWER SOLUTIONS, INC.</b>					
Principal Place of Business 4275 VIRGINIA DR ORLANDO, FL 32814			Mailing Address 5415 LAKE HOWELL RD # 190 WINTER PARK, FL 32792		
2. Principal Place of Business <b>1720 VIRGINIA DR.</b>		3. Mailing Address Suite, Apt. #, etc. <b>ORLANDO, FL.</b>			
City & State <b>ORLANDO, FL.</b>		City & State <b>ORLANDO, FL.</b>			
Zip <b>32803</b>		Country <b>USA</b>		4. FEI Number <b>59-3413235</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GOLDSTEIN, HERBERT B.</b> <b>4275 VIRGINIA DR</b> <b>ORLANDO, FL 32814</b>			7. Name and Address of New Registered Agent Name <b>HERBERT B. GOLDSTEIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1720 VIRGINIA DR.</b> City <b>ORLANDO</b> FL <b>FL</b> Zip Code <b>32803</b>		
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 <b>HERBERT B. GOLDSTEIN</b> <i>[Signature]</i> DATE <b>4/21/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: New Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDSTEIN, HERBERT B 4275 VIRGINIA DR ORLANDO, FL 32814	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDSTEIN, SUZANNE 4275 VIRGINIA DR ORLANDO, FL 32814	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
12. I hereby 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, with all other like empowered.			SIGNATURE: <i>[Signature]</i> DATE <b>4/21/05</b> DAYTIME PHONE # <b>4076445885</b>		