

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000078820					
1. Entity Name SIMPOWER INC.					
Principal Place of Business 35 BRIGGS DRIVE ORMOND BEACH, FL 32176			Mailing Address SIMPOWER, INC. % BRYAN AMOS P.O. BOX 16537 SAVANNAH, GA 31416 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3547719	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Ad Fee Require				03062005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AMOS, BRYAN W 35 BRIGGS DR. ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT AMOS, BRYAN T BRUEDER BAVER STR 6 HANAU 8 GERMANY, 63456	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMOS, NELSON L 2 JOHNNY MERCER BLVD SAVANNAH, GA 31410	<input type="checkbox"/> Delete		D/P Amos, Nelson L. 529 North Point Dr. Savannah, GA 31410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 	<input type="checkbox"/> Delete		S Amos, Bryan W. 35 Briggs Dr. Ormond Beach, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Bryan W. Amos</u> , BRYAN W- AMOS 03-23-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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(912) 354-9924