2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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Feb 02, 2005 8:00 am Secretary of State **DOCUMENT # P99000079609** 1. Entity Name 02-02-2005 90049 010 ***150.00 DURA POWER, INC. Principal Place of Business Mailing Address 373 N RIVER AVENUE 373 N RIVER AVENUE 40011241 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0954864 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUOSAMICI **BLODIG, GREGORY J ESQ** Street Address (P.O. Box Number is Not Acceptable) GREENSPOON MARDER HIRSCHFELD ET AL 100 WEST CYPRESS CREEK ROAD, SUITE 700 FT. LAUDERDALE FL 33309 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. Robert W. Binssons SIGNATURE (NOTE: Registered Agent signature required when reinstating) ent and title if sociations FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete Change Addition TITLE TITLE Birosono, Robust CROUSHORE, RON NAME NAME 373 N. Tave Ave 373 N RIVER AVENUE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-782 Deerfield Beach, FL 33441 CITY-ST-7IP THE Change Addition ☐ Delete INTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhалде Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Спалде ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED