

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005320

Entity Name: POWERS HEALTH SYSTEMS, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

1230 POWERS AVENUE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1230 POWERS AVENUE
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-3443432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLI, PAMELA
1230 POWERS AVENUE
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLI, PAMELA
Address: 1144 BARBARA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: V () Delete
Name: OLI, SAMPSON
Address: 1144 BARBARA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: S () Delete
Name: IWENOFU, JOY
Address: 77 SPRING MEADOWS DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOY IWENOFU

S

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date