

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90185 034 ***150.00

DOCUMENT # L29478	
1. Entity Name MARKETPOWER ENTERPRISES, INC.	

Principal Place of Business 176 SKIPPING STONE LN. NAPLES, FL 34119 US	Mailing Address 176 SKIPPING STONE LN. NAPLES, FL 34119 US
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2. Principal Place of Business - No P.O. Box # 9413 Lazy Circles Dr Suite, Apt. #, etc.	3. Mailing Address 9413 Lazy Circles Dr Suite, Apt. #, etc.
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City & State Ooltewah Tennessee Zip 37363 Country U.S.A.	City & State Ooltewah Tennessee Zip 37363 Country U.S.A.
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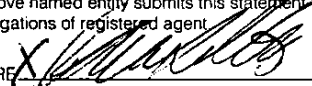
40063000



04122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2980911	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, STEPHEN J 176 SKIPPING STONE LN. NAPLES, FL 34119	
7. Name and Address of New Registered Agent Name: Patrick Scott Foster Street Address (P.O. Box Number is Not Acceptable): 194 Overlook Dr. City: Pensacola FL Zip Code: 32503	

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.

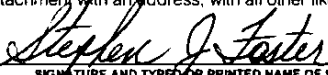
SIGNATURE:  Patrick S. Foster DATE: 4/16/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FOSTER, SUZANNE F. 176 SKIPPING STONE LN. NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOSTER, STEPHEN J. 176 SKIPPING STONE LN. NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Stephen J Foster 4/13/07 423-485-9856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #