


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000018360
 1. Entity Name
 POWER STATION STUDIOS, INC.



Principal Place of Business Mailing Address
 649 SW WHITMORE DR 649 SW WHITMORE DR
 PORT SAINT LUCIE, FL 34984 PORT SAINT LUCIE, FL 34984



04162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1081349 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STINSON, LOUIS JR
 4675 PONCE DE LEON BLVD STE 305
 CORAL GABLES, FL 33146

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	STINSON, LOUIS JR
STREET ADDRESS	2199 PONCE DE LEON BLVD STE 301
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	CEO
NAME	SIMMONS, RONALD E
STREET ADDRESS	649 SW WHITMORE DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	PD
NAME	BONGIOVI, ANTHONY
STREET ADDRESS	649 SW WHITMORE DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	VPD
NAME	FERGUSON, ANTHONY
STREET ADDRESS	649 SW WHITMORE DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	TD
NAME	BUTERA, JOSEPH
STREET ADDRESS	649 SW WHITMORE DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000522508
 05/03/06-80031-018 150.00

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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: _____ JOSEPH BUTERA 4/18/06 772-879-9400