


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P04000124024

1. Entity Name
 POWER PROS, INC.



Principal Place of Business
 2660 NW 22 STREET
 FORT LAUDERDALE, FL 33311 US

Mailing Address
 2660 NW 22 STREET
 FORT LAUDERDALE, FL 33311 US



03152008 No Chg-P CR2E034 (11/05)

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4. FEI Number
 42-1645978

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARION, TONY L
 2660 NW 22 STREET
 FORT LAUDERDALE, FL 33311

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARION, TONY L
STREET ADDRESS	2660 NW 22 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	CARTER, MAURICE
STREET ADDRESS	2660 NW 22 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	MCCRAY, BRANDON
STREET ADDRESS	2260 NW 22 ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	BROWN, B.L.
STREET ADDRESS	2660 NW 22ND STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	WARE, LARRY
STREET ADDRESS	2660 NW 22 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	WADE, KEVIN
STREET ADDRESS	2260 NW 22 ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

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 04/03/08-80075-022 150.00

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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: *Tony Marion*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone