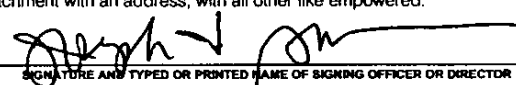


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000097583 1. Entity Name POWER PLUS PRODUCTS, INC.						FILED 06 MAR 14 PM 1:04 	
Principal Place of Business 5688 W. CRENSHAW TAMPA, FL 33634				Mailing Address <i>c/o Greenco</i> 5688 W. CRENSHAW TAMPA, FL 33634			
2. Principal Place of Business		3. Mailing Address <i>c/o Greenco</i>		Suite, Apt. #, etc. <i>5688 W. Crenshaw</i>		02102006 Chg-P CR2E034 (11/05)	
City & State <i>Tampa, FL</i>		City & State <i>Tampa, FL</i>		4. FEI Number 59-3549052		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33634</i>	Country	Zip <i>33634</i>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PINCIARO, SALLY J 5688 W. CRENSHAW TAMPA, FL 33634				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT GREEN, JOSEPH T <input type="checkbox"/> Delete 5688 W CRENSHAW TAMPA, FL 33634			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700068113797 03/20/06--01030--021 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINCIARO, SALLY J <input type="checkbox"/> Delete 5688 W CRENSHAW TAMPA, FL 33634			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sally R. Pinciaro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/16/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				2-10-06		952-475-6498	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	