

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035829

FILED
Mar 19, 2008
Secretary of State

Entity Name: POWER WHOLESALERS MANAGEMENT, INC.

Current Principal Place of Business:

8518 SW 8TH STREET
133
MIAMI, FL 33144

New Principal Place of Business:

804 CLANTON RD
STE E
CHARLOTTE, NC 28217

Current Mailing Address:

8518 SW 8TH STREET
133
MIAMI, FL 33144

New Mailing Address:

804 CLANTON RD
STE E
CHARLOTTE, NC 28217

FEI Number: 20-2735031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MICHAEL
8518 SW 8TH STREET
133
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

GS PROFESSIONAL SOLUTIONS
11737 ROYAL CASTLE CT
CHARLOTTE, FL 28277 US

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: GLADYS GIMENEZ

03/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, MICHAEL
Address: 8421 OLD STATE VILLE ROAD UNIT 14
City-St-Zip: CHARLOTTE, NC 28269

Title: SD () Delete
Name: LOPEZ, RANDY
Address: 8421 OLD STATE VILLE ROAD UNIT14
City-St-Zip: CHARLOTTE, NC 28269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, MICHAEL
Address: 804 CLANTON RD STE E
City-St-Zip: CHARLOTTE, NC 28217

Title: SD (X) Change () Addition
Name: LOPEZ, RANDY
Address: 804 CLANTON RD STE E
City-St-Zip: CHARLOTTE, NC 28217

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: MICHAEL LOPEZ

PD

03/19/2008

Electronic Signature of Signing Officer or Director

Date