

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000193

**Entity Name:** POWER OF 2, INC.

**Current Principal Place of Business:**

10127 SW 61ST AVENUE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

PO BOX 358042  
GAINESVILLE, FL 32635 US

**FEI Number: 26-3987411**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            COO  
Name            WILLS, BARBARA  
Address        11508 NW 16TH LANE  
City-State-Zip: GAINESVILLE FL 32606

Title            SECRETARY  
Name            CREEL, GWEN  
Address        10127 SW 61ST AVENUE  
City-State-Zip: GAINESVILLE FL 32608

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GWEN CREEL**

**SECRETARY**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date