




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90188 041 ***150.00

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| DOCUMENT # 429467 | |  | |
| 1. Entity Name POWER CORPORATION | | | |
| Principal Place of Business 2666 AIRPORT RD.,S. NAPLES, FL 34112 US | | Mailing Address 2666 AIRPORT RD.,S. NAPLES, FL 34112-4885 US | |
| 2. Principal Place of Business 3050 N. Horseshoe Dr. | | 3. Mailing Address 3050 N. Horseshoe Dr | |
| Suite, Apt. #, etc. 105 | | Suite, Apt. #, etc. 105 | |
| City & State Naples, FL | | City & State Naples, FL | |
| Zip 34104 | Country US | Zip 34104 | Country US |
| 4. FEI Number 59-1466525 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HIGGS, WILLIAM T 2666 AIRPORT RD.,S. NAPLES, FL 34112-4885 | | Name Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Dr Suite 105 City Naples FL Zip Code 34104 | |
| 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  | | William T. Higgs 4/27/06 DATE | |
| 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 | DP HIGGS, WILLIAM T 2666 AIRPORT RD.,S. NAPLES, FL 341124885 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3050 N. Horseshoe Dr. #105 Naples, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS HIGGS, ANTONIA M 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3050 N. Horseshoe Dr. #105 Naples, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V AGNELLI, JOHN J 2666 AIRPORT RD., S. NAPLES, FL 341124885 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3050 N. Horseshoe Dr. #105 Naples, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LOIACANO, LISA F 2666 AIRPORT RD., S. NAPLES, FL 341124885 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3050 N. Horseshoe Dr. #105 Naples, FL 34104 |
| 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:  | | Lisa F. Loiacano 4/25/06 239-775-2230 Date Daytime Phone # | |