

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544203

Entity Name: FRED POWERS, INC.

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

2600 S. MIAMI RD.
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

5402 NE 17 TERRACE
FT. LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 59-1976836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWERS, FRED H.
5402 NE 17TH TERR
FT. LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWERS, FRED H.
Address: 5402 NE 17TH TERR
City-St-Zip: FT. LAUDERDALE, FL 33334 US

Title: S () Delete
Name: LONGMUIR, SHARON P.
Address: 4902 S.W. 12TH STREET
City-St-Zip: MARGATE, FL 33068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON P. LONGMUIR

SECY

05/02/2009

Electronic Signature of Signing Officer or Director

_____ Date