2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 618433

Entity Name: POWERS RADIATOR, INC.

FILED Apr 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2559 FOWLER STREET FT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

2559 FOWLER STREET FT MYERS, FL 33901

FEI Number: 59-1918236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WARDEN, PAUL WILLIAM
2559 FOWLER STREET
FT. MYERS, FL
US
WARDEN, ROBERT MATTHEW
2559 FOWLER STREET
FT. MYERS, FL 33901 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: ROBERT MATTHEW WARDEN 04/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WARDEN, PAUL WILLIAM, Name: WARDEN, ROBERT MATTH, EW

Address: 2559 FOWLER Address: 2559 FOWLER

City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901

Title: TS () Delete Title: TS (X) Change () Addition
Name: WARDEN, KAYLENE A Name: WARDEN, AMANDA K
Address: 2550 FOWLER STREET

Name:WARDEN, KAYLENE AName:WARDEN, AMANDA KAddress:2559 FOWLER STREETAddress:2559 FOWLER STREETCity-St-Zip:FORT MYERS, FL 33901City-St-Zip:FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT MATTHEW WARDEN OWNE 04/12/2007

Electronic Signature of Signing Officer or Director

Date