


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000004071
 1. Entity Name
 POWERS FASTENERS, INC.



Principal Place of Business Mailing Address
 2 POWERS SQUARE 2 POWERS SQUARE
 PO BOX 641 PO BOX 641
 NEW ROCHELLE, NY 10801 NEW ROCHELLE, NY 10801

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 13-1840500 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GAFFIGAN, MICHAEL
 LAKEVIEW CENTER
 2345 STIRLING ROAD
 FORT LAUDERDALE, FL 33312-6608

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POWERS, JEFFREY R
STREET ADDRESS	2 POWERS SQUARE
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	CEO
NAME	POWERS, CHRISTOPHER W
STREET ADDRESS	2 POWERS SQUARE
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	VP
NAME	POWERS, FREDERIC B III
STREET ADDRESS	2 POWERS SQUARE
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	VP
NAME	POWERS, STEPHEN B
STREET ADDRESS	2 POWERS SQUARE
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	VP
NAME	DIANA, ROBERT S
STREET ADDRESS	2 POWERS SQUARE
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert S. Diana* 1/17/05 914-235-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #