

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90026 044 \*\*\*550.00

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07102006 Chg-P CR2E034 (11/05)

DOCUMENT # F01000004071					
1. Entity Name POWERS FASTENERS, INC.					
Principal Place of Business 2 POWERS SQUARE PO BOX 641 NEW ROCHELLE, NY 10801			Mailing Address 2 POWERS SQUARE PO BOX 641 NEW ROCHELLE, NY 10801		
2. Principal Place of Business <i>2 Powers Lane</i>		3. Mailing Address <i>2 Powers Lane</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Brewster, NY</i>		City & State <i>Brewster, NY</i>		4. FEI Number 13-1840500	
Applied For Not Applicable					
Zip <i>10509</i>	Country <i>USA</i>	Zip <i>10509</i>	Country <i>USA</i>	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		
GAFFIGAN, MICHAEL LAKEVIEW CENTER 2345 STIRLING ROAD FORT LAUDERDALE, FL 33312-6608			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<p><b>FILE NOW!!! FEE IS \$550.00</b>  <b>Due by September 6, 2006</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWERS, JEFFREY R		NAME		
STREET ADDRESS	2 POWERS SQUARE		STREET ADDRESS		
CITY-ST-ZIP	NEW ROCHELLE, NY 10801		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWERS, CHRISTOPHER W		NAME		
STREET ADDRESS	2 POWERS SQUARE		STREET ADDRESS		
CITY-ST-ZIP	NEW ROCHELLE, NY 10801		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWERS, FREDERIC B III		NAME		
STREET ADDRESS	2 POWERS SQUARE		STREET ADDRESS		
CITY-ST-ZIP	NEW ROCHELLE, NY 10801		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWERS, STEPHEN B		NAME		
STREET ADDRESS	2 POWERS SQUARE		STREET ADDRESS		
CITY-ST-ZIP	NEW ROCHELLE, NY 10801		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIANA, ROBERT S		NAME		
STREET ADDRESS	2 POWERS SQUARE		STREET ADDRESS		
CITY-ST-ZIP	NEW ROCHELLE, NY 10801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert S. Diana</i>			Robert S. Diana		7/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
					914-235-6300