## .2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F94000003517**

1. Entity Name

OXBOW POWER CORPORATION



Principal Place of Business

SIGNATURE:

1601 FORUM PLACE, SUITE P-2 WEST PALM BEACH, FL 33401-8188 Mailing Address

1601 FORUM PLACE, SUITE P-2 WEST PALM BEACH, FL 33401-8188

## FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90042 046 \*\*\*150.00

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01142008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0502344

Applied For Not Applicable

5. Certificate of Status Desired

1/16/2008

561-697-4300

Daytime Phone #

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTI:: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIPLEY, ZACHARY K 1601 FORUM PLACE, SUITE P-2 WEST PALM BEACH, FL 33401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROBINSON, M. BRAD 1801 BROADWAY, #1200 DENVER, CO 80202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM KOCH, WILLIAM 1601 FORUM PLACE SUITE P2 WEST PALM BEACH, FL 33401			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALLAHAN, RICHARD P 1601 FORUM PLACE, SUITE P-2 WEST PALM BEACH, FL 33401			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET AOORESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 priner like empowered.					

Richard P. Callahan, Sec.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR