2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2011
Secretary of State

DOCUMENT# F97000005320

Entity Name: POWERS HEALTH SYSTEMS, INC.

Current Principal Place of Business:

1230 POWERS AVENUE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1230 POWERS AVENUE
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-3443432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLI, PAMELA
1230 POWERS AVENUE
HOLLY HILL, FL 32117 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

OFFICERS AND DIRECTORS:

Title: P
Name: OLI, PAMELA
Address: 1144 BARBARA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: V
Name: OLI, SAMPSON
Address: 1144 BARBARA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: S
Name: IWENOFU, JOY
Address: 77 SPRING MEADOWS DR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: PAMELA OLI P 01/09/2011

Electronic Signature of Signing Officer or Director Date