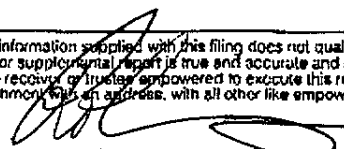


Apr. 26. 2005 11:34AM

No. 6195 P. 3

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000004253			
1. Entity Name POWER FLOW SYSTEMS INC.			
Principal Place of Business 1585 AVIATION CENTER PARKWAY, HANGAR 804 DAYTONA BEACH, FL 32114		Mailing Address 1585 AVIATION CENTER PARKWAY, HANGAR 804 DAYTONA BEACH, FL 32114	
DO NOT WRITE IN THIS SPACE			
		 04252005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3468516	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, ROBIN 1585 AVIATION CENTER PKWY, HANGER 804 DAYTONA BEACH, FL 32114		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, word or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when renewing) DATE _____			
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 NAME STREET ADDRESS CITY- ST- ZIP	P THOMAS, ROBIN 3301 JOHN ANDERSON DR ORMOND BEACH, FL 32176		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S FRANCKE, ROSEMARIE 3301 JOHN ANDERSON DR ORMOND BEACH, FL 32176		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
DO NOT WRITE IN THIS SPACE			
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 to this address, with all other like empowered.			
SIGNATURE: 		ROBIN THOMAS 4/26/05 (386) 253-8835	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	