

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # K61881</b> 1. Entity Name <b>THE POWERHOUSE GROUP, INC.</b>					
Principal Place of Business <b>4573 EXCHANGE AVE OFFICE #6 NAPLES, FL 34104 US</b>				Mailing Address <b>4573 EXCHANGE AVE STE 6 NAPLES, FL 34104 US</b>	
2. Principal Place of Business <b>5020 TAMiami TR N Suite, Apt. #, etc. # 118</b>		3. Mailing Address <b>5020 TAMiami TR N Suite, Apt. #, etc. # 118</b>			
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		4. FEI Number <b>65-0100680</b>	
Zip <b>34103</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALAN, JAMES 4573 EXCHANGE AVE SUITE 6 NAPLES, FL 34104</b>				7. Name and Address of New Registered Agent Name <b>ALAN, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>5020 TAMiami TR N # 118</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34103</b>	
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  <b>ALAN JAMES</b> <span style="float: right;">*4-8-05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, ALAN 2449 RAVENNA BLVD, 101 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, ALAN 5020 TAMiami TR N #118 NAPLES FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054243932 05/11/05--01009--022 **300.00		05/11/05--01009--022 **300.00		
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	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>ALAN JAMES</b> <span style="float: right;">* 4-8-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

05 APR 12 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

WOP