

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90108 042 ***150.00

DOCUMENT # K61881

1. Entity Name

THE POWERHOUSE GROUP, INC.



Principal Place of Business

5020 TAMiami TRAIL N., #118
NAPLES FL 34103
US

Mailing Address

5020 TAMiami TRAIL N., #118
NAPLES FL 34103
US



2. Principal Place of Business

3. Mailing Address

2600 Northbrooke Plaza Pr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

NAPLES FL

NAPLES FL

Zip

Country

Zip

Country

34119

US

34119

US

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0100680

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, ALAN
5020 TAMiami TRAIL N., #118
NAPLES FL 34103

Name
Alan James

Street Address (P.O. Box Number is Not Acceptable)

2600 Northbrooke Plaza Pr. #200

City NAPLES

FL

Zip Code 34119

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JAMES, ALAN
STREET ADDRESS 5020 TAMiami TRAIL N., #118
CITY-ST-ZIP NAPLES FL 34103

TITLE PD ☒ Change ☐ Addition
NAME ALAN JAMES
STREET ADDRESS 2600 NORTHBROOKE PLAZA Pr. #200
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06 239 243 6060

Date

Daytime Phone #