

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K88208**

1. Entity Name  
**POWER PLAYERS PUBLISHING, INC.**



Principal Place of Business  
**3725 SO OCEAN DRIVE #718  
HOLLYWOOD, FL 33019**

Mailing Address  
**3725 SO OCEAN DRIVE #718  
HOLLYWOOD, FL 33019**



01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0140724**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MORSE, ROCHELLE F  
3725 S. OCEAN DR.  
#718  
HOLLYWOOD, FL 33019**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

U000000889478  
04/09/08-80051-019 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	COWAN, IRVING
STREET ADDRESS	1615 DIPLOMAT PKWY
CITY-STATE-ZIP	HOLLYWOOD, FL
TITLE	DVS
NAME	COWAN, MARJORIE
STREET ADDRESS	1615 DIPLOMAT PKWY
CITY-STATE-ZIP	HOLLYWOOD, FL
TITLE	DVT
NAME	COWAN, CYNTHIA
STREET ADDRESS	1615 DIPLOMAT PKWY
CITY-STATE-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08

Date

954-4588998

Daytime Phone #