

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # K91466</b>	
1. Entity Name <b>POWER CONCEPTS, INC.</b>	



FILED

04 OCT -5 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>STEVEN ASKLAND 2600 PROSPERITY OAKS COURT PALM BCH GARDENS, FL 33410</b>	Mailing Address <b>STEVEN ASKLAND 2600 PROSPERITY OAKS COURT PALM BCH GARDENS, FL 33410</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0122101</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ASKLAND, STEVEN 2600 PROSPERITY OAKS COURT PALM BCH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE **10/19/04--01029--004 \*\*\$1.25**

(NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASKLAND, MARY G.</b> <b>2600 PROSPERITY OAKS CT</b> <b>PALM BCH GARDENS, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Director</b> <b>STEVEN C. ASKLAND</b> <b>2600 PROSPERITY OAKS CT.</b> <b>PALM BCH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASKLAND, STEVEN</b> <b>2600 PROSPERITY OAKS CT</b> <b>PALM BCH GARDENS, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **MARY G. ASKLAND** DATE: **9/25/04**  
561-624-2277