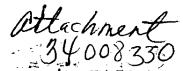
DOCUMENT # \(\triangle 03 000 03 885 \)8

FILED Jun 07, 2004 8:00 am Secretary of State 05-17-2004 90567 001 ****50.00

Power of Investing, LLC					
DO NOT WRITE IN THIS SPA	ACE	34008330			
2. Principal Place of Business 9. 10 CLOVELDACE CT 3. Mailing Address PMB 205					
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State City & State		4. FEI Number Applied For			
Ft. WALTON Beach, FC Ft. WALTON Beach, FC Zip. Zip	Country	57-1/89625 Noi Applicable			
Zip. 32547 USA 32547	USA	5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent			
and the second s		nen c. whitnive Jr. Esq			
DO NOT WRITE	Sueet Address 1	r.O. Box Number is Not Acceptable) *			
IN THIS SPACE	_	SOYAC PALM WAY			
	City O	Beach FL Zip Code			
The above named entity subfails this statement for the purpose of changing its re	raistered office or register				
SIGNATURE Signature, typed or greatest state of registered agent and trite if applicable.		DATE			
	E IS \$50.00				
	able to Department o	f State.			
9 NANAGING MEMBERS/MANAGERS	<u> </u>				
TITLE MGRM NAME G. P. KONDE JE	TITLE	(107			
NAME G. 2. Keller Jr STREET ADDRESS 910 Cloverdule Ct	STREET ADDRESS	(1) B			
CITY-ST-ZIP F+. WALTON BLA, FL 32547	CITY-ST-ZIP	ORZE083B (12/01)			
NAME DIANE B Keiler	TITLE NAME	CR			
STREET ADDRESS G17 Merion eth Drive	STREET ADDRESS CITY-ST-ZIP				
THE DACTON Beach, FC 32547	TITLE				
NAME STORET ADDRESS	NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	DO NOT WRITE			
TITLE NAME	TITLE NAME	IN THIS SPACE			
STREET ADDRESS	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
NAME	, title Name				
STREET ADDRESS CITY-SI-ZIP	STREET ADDRESS CITY-ST-ZIP				
TITLE	TIFLE				
NAME CORECT ADDRESS	NAME CORECT ACCORDES				
STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY-ST-ZIP				
I hereby certify that the information supplied with this filing does not qualify for it indicated on this report is true and accurate and that my signature shall have the	he exemption stated in Se e same legal effect as it o	ection 119.07(3)(i), Florida Statutes. I further certify that the information			
limited liability company or the receiver or trustee empowered to execute this re	port as required by Chap	ter 608, Florida Statutes. 850 - 621-5777			
SIGNATURE IS KOROLL, G. F. Kell	lest - Mars	action on les May 1 2004			





Division of Corporations

Annual Report

Page 1

Document Number
L03000038858

Business Entity Name
POWER OF INVESTING, LLC

FEI Number	57-118962				
FEI Number Status	Applied For		cable 🖭 (Current	
Certificate of Status De	sired 💮 Yes 💮 No				
Pri	incipal Place of	Business			 -
Address	PMB 205				
Suite, Apt. #, etc.	117 RACETRACK	ROAD NW			
City, State	FORT WALTON B	EACH ,	FL		
Zip Code & Country	325471697)			
	3 # '9' A 1 1				
j	Mailing Add	ress			~
Address	PMB 205	**************************			
Suite, Apt. #, etc.	117 RACETRACK	ROAD NW		,	
City, State	FORT WALTON B	EACH ,	FL		
Zip Code & Country	325471697				
Nome As	ed Addmaga of D	aniatanad: A	· ·		
	nd Address of R	DRENNEN		ID ESO	
Name (Last, First, Middle, Title)	VYTIIMIKE	DRENNEN	j j <u>.</u>	JR.,ESQ	
Address	249 ROYAL PLAN	I WAY, SUITI	E,50,1		
Suite, Apt. #, etc.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City, State	PALM BEACH		, FL		
Zip Code & Country	33480 US				

Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature