2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# L03000043703

Entity Name: WEMPOWER,LLC.

Current Principal Place of Business:

170 BIG LAKE DRIVE
DELTONA, FL 32738

New Principal Place of Business:

P.O. BOX 4066
ENTERPRISE, FL 32725 US

Current Mailing Address:

170 BIG LAKE DRIVE
DELTONA, FL 32738

New Mailing Address:

P.O. BOX 4066
ENTERPRISE, FL 32725 US

FEI Number: 20-0507166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMBS, RENEE D
170 BIG LAKE DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: COMBS, RENEE D
Address: 170 BIG LAKE DRIVE
City-St-Zip: DELTONA, FL 32738

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COMBS, RENEE D PRES
Address: 170 BIG LAKE DRIVE
City-St-Zip: DELTONA, FL 32738 US

Title: MGRM ( ) Change (X) Addition
Name: SZARABAJKA, BIL VP
Address: 170 BIG LAKE DRIVE
City-St-Zip: DELTONA, FL 32738 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RENEE D. COMBS PRES 04/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date