

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043703

Entity Name: WEMPOWER,LLC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 4066
ENTERPRISE, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4066
ENTERPRISE, FL 32725 US

New Mailing Address:

FEI Number: 20-0507166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 PRES
Address: 170 BIG LAKE DRIVE
City-St-Zip: DELTONA, FL 32738 US

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 COMBS

MGR

05/02/2005

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