2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2006
Secretary of State

DOCUMENT# L04000017797

Entity Name: POWER TO AMAZE, LLC

Current Principal Place of Business:

1957 LAKE FRANCIS DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1957 LAKE FRANCIS DRIVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-0816174 **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:

FLYNT, PEGGY
1957 LAKE FRANCIS DRIVE
APOPKA, FL 32712 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/MANAGERS:

Title: MGRM ( ) Delete
Name: FLYNT, PEGGY
Address: 1957 LAKE FRANCIS DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete
Name: NELSON, KIMBERLY
Address: 1916 LAKE ALMA DR.
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete
Name: GUNDAL, JOAN
Address: 103 VALLEY CIR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

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

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 Chapter 119, 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: PEGGY R. FLYNT PRES 06/30/2006

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