

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000074664</b> 1. Entity Name <b>POWERHOUSE SALES TRAINERS &amp; EVALUATORS, L.L.C.</b>	
---	---

Principal Place of Business <b>C/O ROBERT SHUPACK, ESQ. 4800 N. FEDERAL HIGHWAY, SUITE 102-E BOCA RATON, FL 33431</b>	Mailing Address <b>C/O ROBERT SHUPACK, ESQ. 4800 N. FEDERAL HIGHWAY, SUITE 102-E BOCA RATON, FL 33431</b>
--	--

**DO NOT WRITE IN THIS SPACE**



03282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>38-3711233</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**SHUPACK, ROBERT ESQ  
4800 N. FEDERAL HIGHWAY, SUITE 102-E  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

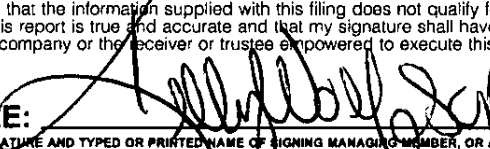
DATE **04/10/08-80102-017 138.75**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WOLFSON, STEPHEN W 27791 LUKE STREET BONITA SPRINGS, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WOLFSON, KELLY E 27791 LUKE STREET BONITA SPRINGS, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **Kelly Wolfson** **3/28/08** **239-257-2215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #