## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L63604

1. Entity Name

POWERHOUSE TWO, INC.



FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

Malling Address

120 N. WEST CROWN POINT ROAD #105 120 N. WEST CROWN POINT ROAD #105

WINTER GARDEN, FL 34787 US

WINTER GARDEN, FL 34787 US



No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3760383 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BRODERSEN, DANILE N 2601 TECHNOLOGY DRIVE ORLANDO, FL 32804

## DO NOT WRITE IN THIS SPACE

				IN INIS SPACE		
the obligat	named entity submits this statement for the purions of registered agent.  Signature, typed or printed name of registered agent and this if			egistered agent, or be	oth, in the State of Florida. It am familiar with, and acce	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000549429 05/13/06-80021-814 150.00	
10. Title NAME SIREEI ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D JOWERS, GERALD 13178 W COLONIAL DR WINTER GARDEN, FL	TORS	·	DO NOT WRITE		
TITLE NAME STREET ACORESS CITY-ST-ZIP	P JOWERS, SANDRA M 13178 E. COLONIAL DR. WINTER GARDEN, FL 34787					
TITLE MAME STREET ADDRESS CITY-ST-ZIP	ST WIRBEL, DAWN C 120 N. WEST CROWN POINT RD. #109 WINTER GARDEN, FL 34787	5				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPG WIRBEL, THOMAS E 120 N. WEST CROWN POINT RD. #109 WINTER GARDEN, FL 34787	5		IN THIS SPACE		
title name street address city-st- <i>t</i> ip						
TITLE NAME STREET ADDRESS GITY-ST-ZIP						

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-27-06

407-654545/ Daydma Phone 9