

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44010

Entity Name: 1360 POWER, INC.

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

11601 BISCAYNE BLVD., SUITE 200C
MIAMI, FL 33181

Current Mailing Address:

11601 BISCAYNE BLVD., SUITE 200C
MIAMI, FL 33181

New Principal Place of Business:

4000 TOWERSIDE TERR.
TS-12
MIAMI, FL 33138

New Mailing Address:

4000 TOWERSIDE TERR.
TS-12
MIAMI, FL 33138

FEI Number: 59-2760248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGUST, BRUCE
11601 BISCAYNE BLVD., SUITE 200C
N. MIAMI, FL 33181 US

Name and Address of New Registered Agent:

AUGUST, BRUCE
4000 TOWERSIDE TERR.
TS-12
MIAMI, FL 33138 US

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:

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AUGUST, BRUCE
Address: 11601 BISCAYNE BLVD., SUITE 200C
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: BAUM, TRACI
Address: 1509 MCFARLANE RD
City-St-Zip: COLVILLE, WA 99114

Title: V (X) Delete
Name: AUGUST, CELIA
Address: 11601 BISCAYNE BLVD., STE. 200C
City-St-Zip: MIAMI, FL 33181

Title: T (X) Delete
Name: AUGUST, LOUISE
Address: 11601 BISCAYNE BLVD., STE. 200C
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: AUGUST, BRUCE
Address: 4000 TOWERSIDE TERR. TS-12
City-St-Zip: MIAMI, FL 33181

Title: T (X) Change () Addition
Name: AUGUST, LOUISE
Address: 4000 TOWERSIDE TERR. TS-12
City-St-Zip: MIAMI, FL 33138

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 or supplemental report is true and accurate and that my electronic 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE AUGUST

PDS

04/05/2005

Electronic Signature of Signing Officer or Director

Date