

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004436

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: POWER-LINE HUMAN SERVICES, INC.

## Current Principal Place of Business:

700 NORTH DIXIE HIGHWAY  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

6115 MIRAMAR PARKWAY  
MIRAMAR, FL 33023

## Current Mailing Address:

P.O. BOX 835107  
HOLLYWOOD, FL 33083

## New Mailing Address:

FEI Number: 65-1018181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MILLER, SAMUEL  
6636 ARBOR DRIVE  
MIRAMAR, FL 33023      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

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: MILLER, SAMUEL  
Address: 6636 ARBOR DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: SD      ( ) Delete  
Name: KEMP, NORMA  
Address: 2917 PLUNKETT ST., #18C  
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD      ( ) Delete  
Name: MCKOY, GEORGIA  
Address: 1380 N E 157TH STREET  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: D      ( ) Delete  
Name: NELSON, EULA  
Address: 1420 N W 20TH CT., #A  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VTD      ( ) Delete  
Name: HENRY, BELMINA  
Address: 6741 PANSY DR.  
City-St-Zip: MIRAMAR, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL MILLER

D P

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date