

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004436

FILED
Apr 30, 2007
Secretary of State

Entity Name: POWER-LINE HUMAN SERVICES, INC.

Current Principal Place of Business:

6115 MIRAMAR PARKWAY
MIRAMAR, FL 33023

New Principal Place of Business:

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:

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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 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

04/30/2007

Electronic Signature of Signing Officer or Director

Date