2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006134

1. Entity Name
POWER WORDS CONNECTION, INC.

Principal Place of Business	Mailing Address
1363 INGLESIDE AVE. JACKSONVILLE, FL 32205	1363 INGLESIDE AVE. JACKSONVILLE, FL 32205

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02102006 No Chg-NP CRZE037 (11/05)

4. FEI Number
59-3697568
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, DARRELL O
1363 INGLESIDE AVE.
JACKSONVILLE, FL 32205

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, MAZEL L
STREET ADDRESS	1363 INGLESIDE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	THOMPSON, DARRELL O
STREET ADDRESS	1363 INGLESIDE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	THOMPSON, RANDAL
STREET ADDRESS	7328 PINEVILLE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	D
NAME	THOMPSON, CATHERINE F
STREET ADDRESS	7328 PINEVILLE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/06-80031-014 70.00

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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 trustee empowered to execute this report as required by Chapter 617, 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: Mazel L Thompson MAZEL L THOMPSON 3-9-06 904 387-9846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #