

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006134**

**1. Entity Name**  
**POWER WORDS CONNECTION, INC.**



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

**Mailing Address**  
**1363 INGLESIDE AVE.**  
**JACKSONVILLE, FL 32205**



03312007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>59-3697568</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

**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, 2007**

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

**10. OFFICERS AND DIRECTORS**

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

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04/11/07-80061-024 70.00

**DO NOT WRITE  
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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:** *Darrell O Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-07 904 387 9846**  
Date Daytime Phone #