

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004584

FILED  
Apr 09, 2005  
Secretary of State

Entity Name: THE POWER OF ONE, INC.

## Current Principal Place of Business:

2940 SW 22ND CIR #9B  
DELRAY BCH, FL 33445

## New Principal Place of Business:

2940 SW 22ND CIRCLE  
9B  
DELRAY BCH, FL 33445

## Current Mailing Address:

2940 SW 22ND CIR #9B  
DELRAY BCH, FL 33445

## New Mailing Address:

2940 SW 22ND CIRCLE  
9B  
DELRAY BCH, FL 33445

FEI Number: 32-0075075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAPINSKI, STEFANIE  
2940 SW 22ND CIR #9B  
DELRAY BCH, FL 33445 US

## Name and Address of New Registered Agent:

GAPINSKI, STEFANIE  
2940 SW 22ND CIRCLE  
9B  
DELRAY BCH, FL 33445 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:

04/09/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: GAPINSKI, STEFANIE  
Address: 2940 SW 22ND CIR #9B  
City-St-Zip: DELRAY BCH, FL 33445

Title: DV ( ) Delete  
Name: RONCO, SHARRON L  
Address: 2740 N CLEARBROOK CIR  
City-St-Zip: DELRAY BCH, FL 33445

Title: DS ( ) Delete  
Name: HOWARD, MAUREEN  
Address: 97652 OVERSEAS HWY. NO. C-5  
City-St-Zip: KEY LARGO, FL 33037

Title: DT ( ) Delete  
Name: DIMAGGIO, KATHLEEN M  
Address: 2480 TECUMSEH DR  
City-St-Zip: W PALM BCH, FL 33409Y

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition  
Name: HOWARD, MAUREEN  
Address: PMB NO. 451, 1763 E.UNIVERSITY STE. A  
City-St-Zip: LAS CRUCES, NM 88001

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

SIGNATURE: STEFANIE GAPINSKI

DC

04/09/2005

Electronic Signature of Signing Officer or Director

Date