

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004584

FILED
Apr 24, 2006
Secretary of State

Entity Name: THE POWER OF ONE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 CIRCLE
9B
DELRAY BCH, FL 33445 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: 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: PMB NO. 451, 1763 E.UNIVERSITY STE. A
City-St-Zip: LAS CRUCES, NM 88001

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

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

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: STEFANIE GAPINSKI

DC

04/24/2006

Electronic Signature of Signing Officer or Director

Date