

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010612

FILED
May 04, 2005
Secretary of State

Entity Name: THE POWER NETWORK, INC.

Current Principal Place of Business:

7719 HOLIDAY DRIVE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

7719 HOLIDAY DRIVE
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 20-1913651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KING, MARY E
46 N. WASHINGTON BLVD.
SUITE 7
SARASOTA, FL 34236 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: P () Delete
Name: PIRO, LINDA L
Address: 7719 HOLIDAY DR
City-St-Zip: SARASOTA, FL 34231

Title: V (X) Delete
Name: JORDAN, SUE
Address: 3888 CENTRAL SARASOTA PARKWAY
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: HILL, KIM
Address: 2010 PINE TERRACE, SUITE B
City-St-Zip: SARASOTA, FL 34231

Title: T () Delete
Name: WOLF, ROBB
Address: 5670 PINKNEY AVE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JORDAN, SUE
Address: 3888 CENTRAL SARASOTA PARKWAY
City-St-Zip: SARASOTA, FL 34238

Title: () Change () Addition
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 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: ROBB WOLF

T

05/04/2005

Electronic Signature of Signing Officer or Director

Date