2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008304

City-St-Zip:

Entity Name: P.O.W. - W.O.W. INTERNATIONAL, INC.

FILED Apr 23, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	KEWA NENE SSEE, FL 323146004 US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
P.O. BOX 6004 TALLAHASSEE, FL 323146004		1501 WEKEWA NENE TALLAHASSEE, FL 323146004 US		
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
1501 WEK	ICHARD D JR KEWA NENE SSEE, FL 323146004 US			
	named entity submits this statement for the of Florida.	ne purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () Delete BAKER, RICHARD D JR 1501 WEKEWA NENE TALLAHASSEE, FL 323146004 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BERAN-BAKER, WENDY 1501 WEKEWA NENE TALLAHASSEE, FL 323146004 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BAKER, GLEN S P O BOX 572 MADISON, FL 32340 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete WEGER, BRENDA J 113 WILD FERN DR LONGWOOD, FL 32779 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	() Delete	*	() Change (X) Addition ATTHEW S (FWA NENE	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

TALLAHASSEE, FL 32301 US

SIGNATURE: RICHARD D BAKER JR D 04/23/2009