


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90044 021 \*\*\*158.75

<b>DOCUMENT # P00000017182</b>	
<b>1. Entity Name</b> IRON POWER, INC.	

<b>Principal Place of Business</b> 5344 NE 6TH AVENUE #10-H FT. LAUDERDALE FL 33334	<b>Mailing Address</b> 5344 NE 6TH AVENUE APT 10-H FT. LAUDERDALE FL 33334
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<b>2. Principal Place of Business - No P.O. Box #</b> 5344 N.E. 6 Ave	<b>3. Mailing Address</b> 5344 N.E. 6 Ave
<b>Suite, Apt. #, etc.</b> #10H	<b>Suite, Apt. #, etc.</b> #10H

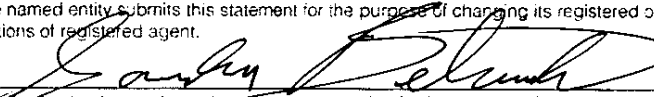
1st MOORE CR2E034 (10/07)

<b>City &amp; State</b> Ft. Lauderdale FL	<b>City &amp; State</b> Ft. Lauderdale FL
<b>Zip</b> 33334	<b>Country</b> USA
<b>Zip</b> 33334	<b>Country</b> USA

<b>4. FEI Number</b> 65-0979700	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> BELMONTE, SANDRA 5344 NE 6TH AVENUE 10H FT. LAUDERDALE FL 33334	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b>

<b>FILE NOW!!! FEE: IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BELMONTE, SANDRA		<b>NAME</b>	
<b>STREET ADDRESS</b> 5344 NE 6TH AVE. 10H		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33334		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BELMONTE, AUDREY		<b>NAME</b>	
<b>STREET ADDRESS</b> 5344 NE 6TH AVE. 10H		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33334		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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.</b>
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<b>SIGNATURE:</b> 	<b>0/3/08</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b>