
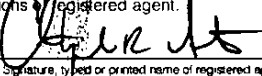
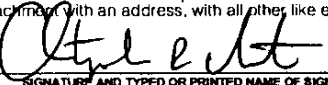


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90140 002 ***150.00

DOCUMENT # P00000018318 1. Entity Name POWERHOUSE ELECTRIC INC.					
Principal Place of Business 5446 FRONTIER DRIVE ZEPHYRHILLS, FL 33540			Mailing Address 5446 FRONTIER DRIVE ZEPHYRHILLS, FL 33540		
2. Principal Place of Business - No P.O. Box # 14247 7th St. #132 Suite, Apt. #, etc.		3. Mailing Address 14247 7th St #132 Suite, Apt. #, etc.			
City & State DADE CITY, FL		City & State DADE City, FL		4. FEI Number 59-3628191	
Zip 33523		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORTON, CHRISTOPHER R 5446 FRONTIER DRIVE ZEPHYRHILLS, FL 33540			7. Name and Address of New Registered Agent Name Horton - Christopher R Street Address (P.O. Box Number is Not Acceptable) 14247 7th St #132 City DADE City FL Zip Code 33523		
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, the registered agent.					
SIGNATURE 				DATE 4-22-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVTS NAME HORTON, CHRISTOPHER R <input checked="" type="checkbox"/> Delete STREET ADDRESS 5446 FRONTIER DR. CITY-ST-ZIP ZEPHYRHILLS, FL 33540	TITLE PVTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HORTON, Christopher R. STREET ADDRESS 14247 7th St. #132.. CITY-ST-ZIP DADE CITY, FL 33523				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 				Date 4-22-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 813-779-2100	