

2005 FOR PROFIT CORPORATION ANNUAL REPORT


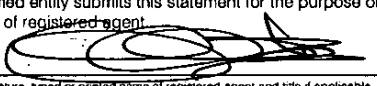
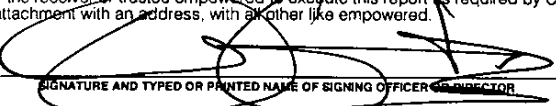
FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90132 020 ***158.75

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03072005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000022886					
1. Entity Name P.O.A. FINANCIAL CORP.					
Principal Place of Business 2400 E. COMMERCIAL BLVD., SUITE 826 FORT LAUDERDALE, FL 33308			Mailing Address 2400 E. COMMERCIAL BLVD., SUITE 826 FORT LAUDERDALE, FL 33308		
2. Principal Place of Business 6550 North Federal Highway Suite, Apt. #, etc. 220			3. Mailing Address 6550 North Federal Highway Suite, Apt. #, etc. 220		
City & State Fort Lauderdale, Florida			City & State Fort Lauderdale, Florida		
Zip 33308	Country USA	Zip 33308	Country USA	4. FEI Number 65-1010790	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOTTE, JOHN F 2400 E. COMMERCIAL BLVD., SUITE 826 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Hotte, John F Street Address (P.O. Box Number is Not Acceptable) 6550 North Federal Highway Suite 220 City Fort Lauderdale FL Zip Code 33308		
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.					
SIGNATURE 			DATE 4-27-05		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HOTTE, JOHN F 2400 E. COMMERCIAL BLVD., SUITE 826 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Hotte, John F 6550 North Federal Highway, Suite 220 Fort Lauderdale, Florida 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 4-27-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		