

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90358 042 ***150.00

DOCUMENT # P00000084137

1. Entity Name
POWERNETREALTY.COM, INC.



Principal Place of Business
**1935 COMMERCE LANE
JUPITER, FL 33458**

Mailing Address
**18240 LAKE BEND DRIVE
JUPITER, FL 33458**



2. Principal Place of Business
1935 Commerce Lane

3. Mailing Address

Suite, Apt. #, etc.
Suite #4

Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State
Jupiter FL

City & State

4. FEI Number
65-1043252

Applied For
Not Applicable

Zip
33458

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SADOWSKI, MARK
1517 15TH CT
JUPITER, FL 33477**

Name
Mark Sadowski

Street Address (P.O. Box Number is Not Acceptable)

18240 Lake Bend Dr

City
Jupiter

FL

Zip Code
33458

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 **Mark Sadowski**

3/30/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**PD
SADOWSKI, MARK
1517 15TH CT
JUPITER, FL 33477** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Mark Sadowski
18240 Lake Bend Dr
Jupiter FL 33458** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mark Sadowski

3/30/06 561.310-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #