

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096359

FILED
Feb 26, 2004
Secretary of State

Entity Name: POWER OF OUR DREAMS, INC.

Current Principal Place of Business:

10461 SOUTHLAND DR
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

10461 SOUTHLAND DR
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3675684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIN, JANE M
10461 SOUTHLAND DR
BONITA SPRINGS, FL 34135

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAIN, JANE
Address: 109 1ST STREET
City-St-Zip: BONITA SPRINGS, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAIN, JANE M
Address: 10461 SOUTHLAND DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V () Change (X) Addition
Name: BAIN, JANE M
Address: 10461 SOUTHLAND DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T () Change (X) Addition
Name: BAIN, JANE M
Address: 10461 SOUTHLAND DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Change (X) Addition
Name: BAIN, JANE M
Address: 10461 SOUTHLAND DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Change (X) Addition
Name: BAIN, JANE M
Address: 10461 SOUTHLAND DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE M. BAIN

P

02/26/2004

Electronic Signature of Signing Officer or Director

Date