

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096359

FILED
Apr 22, 2007
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:

109 1ST STREET
BONITA SPRINGS, FL 34134

Current Mailing Address:

10461 SOUTHLAND DR
BONITA SPRINGS, FL 34135

New Mailing Address:

109 1ST STREET
BONITA SPRINGS, FL 34134

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 US

Name and Address of New Registered Agent:

BAIN, JANE M
109 1ST STREET
BONITA SPRINGS, FL 34134 US

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:

04/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change () Addition
Name: BAIN, JANE M
Address: 109 1ST STREET
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PRES

04/22/2007

Electronic Signature of Signing Officer or Director

Date