2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P01000103662

Entity Name: POWERS REPORTING, INC.

Current Principal Place of Business:

220 E FORSYTH ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

220 E FORSYTH ST
SUITE B
JACKSONVILLE, FL 32202

Current Mailing Address:

220 E FORSYTH ST
JACKSONVILLE, FL 32202

New Mailing Address:

220 E FORSYTH ST
SUITE B
JACKSONVILLE, FL 32202

FEI Number: 26-0010554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, STEPHANIE
220 E FORSYTH ST
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

POWERS, STEPHANIE
220 E FORSYTH ST
SUITE B
JACKSONVILLE, FL 32202 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: _____ 04/25/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POWERS, STEPHANIE
Address: 220 E FORSYTH ST
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POWERS, STEPHANIE
Address: 220 E FORSYTH ST, SUITE B
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE POWERS OWNE 04/25/2008
Electronic Signature of Signing Officer or Director — Date