

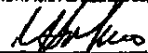


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

55046264

DOCUMENT # P02000006831			
1. Entity Name HOBBY POWER, INC.			
Principal Place of Business 1201 MONUMENT ROAD SUITE 200 JACKSONVILLE, FL 32225		Mailing Address 1201 MONUMENT ROAD SUITE 200 JACKSONVILLE, FL 32225	
2. Principal Place of Business 10950-56 San Jose Blvd		3. Mailing Address 10950-56 San Jose Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL 32225		City & State JACKSONVILLE, FL 32223	
4. FEI Number 04-3590786		Applied For Not Applicable	
Zip 32225		Country	
Zip 32223		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 4/30/3	
<small>Equalized, typed or printed name of registered agent and date if applicable</small>		<small>(MORE THAN ONE AGENT SIGNATURE REQUIRED WHEN APPLICABLE)</small>	
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	PO SOLANO, MOISES 1201 MONUMENT ROAD SUITE 200 JACKSONVILLE, FL 32225 <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: 		MOISES SOLANO 4/30/3 904-922-5151	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

CR2003A (10/02)