

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90118 022 ***158.75

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01192006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000048541 1. Entity Name POWERWALL DISTRIBUTORS, INC.					
Principal Place of Business 4615 GULF BLVD. SUITE 104-132 ST. PETERSBURG BEACH, FL 33706			Mailing Address 4615 GULF BLVD. SUITE 104-132 ST. PETERSBURG BEACH, FL 33706		
2. Principal Place of Business 7217 GULF BLVD Suite/Apt. #, etc. 132		3. Mailing Address 7217 GULF BLVD Suite/Apt. #, etc. 132		4. FEI Number 41-2092815 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State ST PETE BEACH, FL		City & State ST PETE BEACH, FL			
Zip 33706		Country USA			
Zip 33706		Country USA			
6. Name and Address of Current Registered Agent KNAUST, WARREN J ESQ. 2167 FIFTH AVENUE NORTH ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D HELMs, DAVID L 4615 GULF BLVD., SUITE 104-132 ST. PETERSBURG BEACH, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMs, DAVID L 7217 GULF BLVD., SUITE 132 ST PETE BEACH, FL 33706
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> 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:			DAVID HELMS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 1/14/06 Daytime Phone # 727-340-4088		