2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083001

Entity Name: EMPOWER TOOLS, INC.

FILED Feb 06, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 107	ORATE BOUL	EVARD			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 107	PORATE BOUL ON, FL 33431	EVARD			
FEI Number:	56-2291433	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cเ	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
M & W AGENTS, INC. 2101 CORPORATE BOULEVARD SUITE 107 BOCA RATON, FL 33431 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.					
SIGNATUR	F [.]				
		Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	D () [MILSTEIN, BRIAI 2600 WHISPERII DELRAY BEACH	NG OAKS LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ()[TESCHER, DON/ 2600 WHISPERII DELRAY BEACH	NG OAKS LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C ()[MILSTEIN, RICH 1964 NORTH BE FAIRFIELD, CT	NSON ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ()[MILSTEIN, RACH 1964 NORTH BE FAIRFIELD, CT	NSON ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()[TESCHER, SUAN 2600 WHISPERII DELRAY BEACH	NG OAKS LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ()[SONDHEIMER, J 1964 NORTH BE FAIRFIELD, CT	NSON RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: SUANN TESCHER V 02/06/2004