


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000074870
 1. Entity Name
 POWER KIDS INC.



Principal Place of Business
 15959 NW 82 PLACE
 MIAMI LAKES, FL 33016

Mailing Address
 15959 NW 82 PLACE
 MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0142857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CACERES, RAMON F
 15959 NW 82 PLACE
 MIAMI, FL 33016

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000405257
 02/07/06-80031-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CACERES, RAMON F 15959 NW 82 PLACE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CACERES, JORGE F 15959 NW 82 PLACE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAMIZ, TOMAS O 6861 W 30 CT HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAMIZ, ORLANDO 6861 W 30 CT HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **RAMON F CACERES** 01/17/06 305-508-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #