2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103489

ELISTIN, KENY

City-St-Zip: MIRAMAR, FL 33023

6151 MIRAMAR PARKWAY, SUITE 203

Name:

Address:

Entity Name: POWER SURGE ENTERTAINMENT, INC

FILED Jun 24, 2006 Secretary of State

			(17 (II VIVI LI VI , II V	.			
Current Principal Place of Business:				New Principal Place of Business:			
6151 MIRAMAR PARKWAY SUITE 203			17345 SW 31ST COURT MIRAMAR, FL 33029 US				
MIRAMAR	, FL 33023	US					
Current Mailing Address:				New Mailing Address:			
6151 MIRA SUITE 203	MAR PARKWAY 3 , FL 33023 US			P.O. BOX 278616 MIRAMAR, FL 33027		US	
FEI Number	: 20-0245785	FEI Number Ap	pplied For()	FEI Number Not Appl	icable ()	Certificate of Status Desi	ired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
17345 SW MIRAMAR The above), DANIEL 0 31 COURT , FL 33029 named entile of Florida.	US	tement for the pu	ırpose of changing i	ts registered	office or registered agen	it, or both,
SIGNATU	RE:						
		ronic Signature of	Registered Ager	nt		Date	
			•	receive the prior notic	e.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P RAGLAND, 17345 SW :	() Delete DANIEL JR. 31ST COURT FL 33029 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete LLIP A STH AVENUE .L, FL 33313 US		Title: Name: Address: City-St-Zip:	SMITH, PHILL 6845 LANDIN	(X) Change ()Addition LIP A IGS DRIVE, APT #105 ., FL 33313 US	
Title: Name: Address: City-St-Zip:	T SUAREZ, P. 7533 MUTIN NORTH BAY		US	Title: Name: Address: City-St-Zip:	ELISTIN, KEN 1601 NW 111		
Title: Name: Address: City-St-Zip:	S BUTLER, EI 1518-R NW MIAMI, FL	45TH STREET		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title:	FS	(X) Delete		Title:	(() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE:	DANIEL RAGLAND JR	Р	06/24/2006