



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90084 039 ***150.00

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|---|--|--|--|--|--|
| DOCUMENT # P04000024936 1. Entity Name POWER QUALITY ASSURANCE CORP. | | | |  | |
| Principal Place of Business - 15 RUE DE CHAMIREY 71640, MERCUREY FRANCE, XX | | | | Mailing Address 15 RUE DE CHAMIREY 71640, MERCUREY FRANCE, XX | |
| 2. Principal Place of Business - No P.O. Box # 14 RUE DE SUZEAU Suite, Apt. #, etc. 71640 ST. MARTIN 3/5 MONTAIGU City & State FRANCE Zip Country | | 3. Mailing Address 14 RUE DE SUZEAU Suite, Apt. #, etc. 71640 ST. MARTIN 3/5 MONTAIGU City & State FRANCE Zip Country | | 01242007 Chg-P CR2E034 (12/06)  | |
| 4. FEI Number 98-0417680 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent DICKSON, BARRY E SALTMARSH, CLEVELAND & GUND 900 NORTH 12TH AVE PENSACOLA, FL 32501 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <input type="checkbox"/> Delete FRIOD, JOHN G 15 RUE DE CHAMIREY 71640, MERCUREY, FRANCE, | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRIOD, JOHN G. 14 RUE DE SUZEAU 71640 ST. MARTIN 3/5 MONTAIGU FRANCE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete FRIOD, LINDA M 15 RUE DE CHAMIREY 71640, MERCUREY, FRANCE, | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRIOD, LINDA M. 14 RUE DE SUZEAU 71640 ST. MARTIN 3/5 MONTAIGU FRANCE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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: *[Signature]* **LINDA M. FRIOD** 1/24/07 (33) 385450898

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