2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P04000024936

Entity Name: POWER QUALITY ASSURANCE CORP.

Current Principal Place of Business:

14 RUE DE SUZEAU
71640 ST MARTIN S/S MONTAIGU
FRANCE, XX

New Principal Place of Business:

14 RUE DE SUZEAU
71640 ST MARTIN S/S MONTAIGU
FRANCE, XX 71640 XX

Current Mailing Address:

14 RUE DE SUZEAU
71640 ST MARTIN S/S MONTAIGU
FRANCE, XX

New Mailing Address:

14 RUE DE SUZEAU
71640 ST MARTIN S/S MONTAIGU
FRANCE, XX 71640 XX

FEI Number: 98-0417680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKSON, BARRY E
SALTMARSH,CLEAVELAND & GUND
900 NORTH 12TH AVE
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRIOUD, JOHN G
Address: 14 RUE DE SUZEAU
City-St-Zip: MONTAGUE FRANCE, XX

Title: D ( ) Delete
Name: FRIOUD, LINDA M
Address: 14 RUE DE SUZEAU
City-St-Zip: MONTAGUE FRANCE, XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FRIOUD, JOHN G
Address: 14 RUE DE SUZEAU
City-St-Zip: ST MARTIN S/SMONTAGUE FRANCE, XX 71640 XX

Title: D (X) Change ( ) Addition
Name: FRIOUD, LINDA M
Address: 14 RUE DE SUZEAU
City-St-Zip: MONTAGUE FRANCE, XX 71640 XX

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

SIGNATURE: LINDA M FRIOUD D 01/16/2009

Electronic Signature of Signing Officer or Director Date