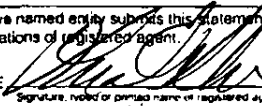
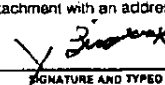


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-25-2007 90048 014 ***150.00

DOCUMENT # P04000062173 1. Entity Name POWER PROJECT, INC.					
Principal Place of Business 900 W. SUNRISE BOULEVARD FORT LAUDERDALE, FL 33311			Mailing Address 1860 N PINE ISLAND, #113 PLANTATION, FL 33322		
2. Principal Place of Business - No P.O. Box # 1860 N Pine Island #113			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Plantation, FL			City & State 		
Zip 33322		Country 		4. FEI Number 20-0990494	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GREENE, ERIC 900 W. SUNRISE BOULEVARD FORT LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name Sharon Street Address (P.O. Box Number is Not Acceptable) 1860 N Pine Island #113 City Plantation FL Zip Code 33322	
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  DATE 2/11/07 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when transferring)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P WAY, LISA 1860 N PINE ISLAND, #113 PLANTATION, FL 33322	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Wax, Lisa
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ 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:  1/15/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					