

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90075 038 \*\*\*150.00

<b>DOCUMENT # P04000091540</b> 1. Entity Name NETPOWER4YOU.COM INC,																															
Principal Place of Business 4450, NW, 30TH AVENUE (BAYPORT) 112 COCONUT CREEK, FL 33068 US		Mailing Address 8125, NICOLET BROSSARD, QC J4Y 2-S6 CA																													
2. Principal Place of Business 4450, NW, 30th Street (Bayport)		3. Mailing Address Suite, Apt. #, etc.																													
Suite, Apt. #, etc. 112		Suite, Apt. #, etc.																													
City & State Coconut Creek, FL		City & State																													
Zip 33066-2128		Country US																													
4. FEI Number 331096577		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 LEGER, MARTIN PRES 4450, NW, 30TH AVENUE (BAYPORT) 112 COCONUT CREEK, FL 33068		7. Name and Address of New Registered Agent Name: Leger, Martin Pres. Street Address (P.O. Box Number is Not Acceptable) 4450, NW, 30th Street (Bayport) #112 City: Coconut Creek FL Zip Code: 33066-2128																													
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: Feb. 24, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE P NAME LEGER, MARTIN STREET ADDRESS 4450, NW, 30TH AVENUE (BAYPORT) CITY-ST-ZIP COCONUT CREEK, FL 33068         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE P NAME LEGER, MARTIN STREET ADDRESS 4450, NW, 30TH AVENUE (BAYPORT) CITY-ST-ZIP COCONUT CREEK, FL 33068	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE P NAME Leger, Martin STREET ADDRESS 4450, NW, 30th Street (Bayport) #112 CITY-ST-ZIP Coconut Creek, FL 33066-2128         </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE P NAME Leger, Martin STREET ADDRESS 4450, NW, 30th Street (Bayport) #112 CITY-ST-ZIP Coconut Creek, FL 33066-2128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:  DATE: Feb 24, 2005 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															

66009004



02252005 Chg-P CR2E034 (10/03)

FL 33066-2128

(514) 916-9150  
(954) 461-8424