

2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 11, 2005
Secretary of State**

DOCUMENT# P04000112486

Entity Name: POWERMAX SOLUTIONS, INC.

Current Principal Place of Business:

14502 NORTH DALE MABRY HWY
SUITE 200-07
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

14502 NORTH DALE MABRY HWY
SUITE 200-07
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 20-1749575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESTER, JASON M
14502 NORTH DALE MABRY HWY
SUITE 200-07
TAMPA, FL 33618 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: JASON M CHESTER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHESTER, JASON M
Address: 14502 NORTH DALE MABRY HWY, SUITE 200-07
City-St-Zip: TAMPA, FL 33618 US

Title: S () Delete
Name: CHESTER, JASON M
Address: 14502 NORTH DALE MABRY HWY, SUITE 200-07
City-St-Zip: TAMPA, FL 33618 US

Title: T () Delete
Name: CHESTER, JASON M
Address: 14502 NORTH DALE MABRY HWY, SUITE 200-07
City-St-Zip: TAMPA, FL 33618 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CHESTER, JASON M
Address: 14502 NORTH DALE MABRY HWY, SUITE 200-07
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JASON M CHESTER

Electronic Signature of Signing Officer or Director

P

10/11/2005

Date