


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000113842 1. Entity Name POWER REAL ESTATE INVESTING INC. |  |
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|---|---|
| Principal Place of Business 354 LOS PRADOS DR. SAFETY HARBOR, FL 34695 US | Mailing Address 354 LOS PRADOS DR. SAFETY HARBOR, FL 34695 US |
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-1540733 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LUCZAK, DAVID ESQ.
3233 EAST BAY DR.
STE 103
LARGO, FL 33771**

**DO NOT WRITE
IN THIS SPACE**

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 _____

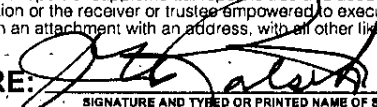
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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000918969 05/13/08-80103-020 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR RATSEK, JOANNE 354 LOS PRADOS DR SAFETY HARBOR, FL 34695 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08 **727-789-1634**
Date Daytime Phone #