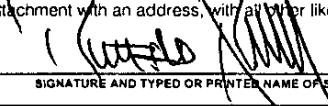


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90036 032 ***150.00

DOCUMENT # P04000114419 1. Entity Name POWELL ASSOCIATES, INC.			
Principal Place of Business 3300 S CONGRESS AVE SUITE 15-16 BOYNTON BEACH, FL 33426		Mailing Address 3300 S CONGRESS AVE SUITE 15-16 BOYNTON BEACH, FL 33426	
2. Principal Place of Business 3351-53 HIGH RIDGE RD Suite, Apt. #, etc.		3. Mailing Address 3351-53 HIGH RIDGE RD Suite, Apt. #, etc.	
City & State BOYNTON BEACH Zip 33426		City & State BOYNTON BEACH Zip 33426	
Country U.S.		Country U.S.	
4. FEI Number 20-1773961		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 16TH STREET FT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name RICHARD POWELL Street Address (P.O. Box Number is Not Acceptable) 3351-53 HIGH RIDGE RD. City BOYNTON BEACH FL 33426	
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 PT NAME POWELL, DEBORAH STREET ADDRESS 3300 S CONGRESS AVE SUITE 15-16 CITY-ST-ZIP BOYNTON BEACH, FL 33426	☐ Delete	TITLE NAME 11156 MALAYSIA CIRCE STREET ADDRESS BOYNTON BEACH FL. 33437 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME VS POWELL, RICHARD STREET ADDRESS 3300 S CONGRESS AVE SUITE 15-16 CITY-ST-ZIP BOYNTON BEACH, FL 33426	☐ Delete	TITLE NAME 6669 LAUREL DR LAKE WORTH, FL 33463 3028 HAMTRIDOT TERR WELLINGTON FL 33414	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD L. POWELL	
Date 2/14/06		Daytime Phone # 561 588 8166	

60016513



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