2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State
02-16-2006 90036 032 ***150.00

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1. Entity Name
POWELL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3300 S CONGRESS AVE SUITE 15-16 BOYNTON BEACH, FL 33426	3300 S CONGRESS AVE SUITE 15-16 BOYNTON BEACH, FL 33426

02072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3451-53 HIGH RIDGE RD	3451-53 HIGH RIDGE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH	City & State: BOYNTON BEACH
Zip: 33426 Country: U.S.	Zip: 33426 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	7. Name and Address of New Registered Agent
FILINGS, INC. 3732 NW 16TH STREET FT LAUDERDALE, FL 33311	Name: RICHARD POWELL Street Address (P.O. Box Number is Not Acceptable): 3451-53 HIGH RIDGE RD. City: BOYNTON BEACH FL Zip Code: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT POWELL, DEBORAH 3300 S CONGRESS AVE SUITE 15-16 BOYNTON BEACH, FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11156 MALAYSIA CIRCLE BOYNTON BEACH FL. 33437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS POWELL, RICHARD 3300 S CONGRESS AVE SUITE 15-16 BOYNTON BEACH, FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ~~6669 CUBAS DR~~ ~~LAKE WORTH, FL 33463~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3028 HARTRIDGE TERR WELLINGTON FL 33414
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] RICHARD L. POWELL 2/14/06 561 588 8166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #