


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90077 001 \*\*\*150.00

<b>DOCUMENT # P04000114419</b>					
<b>1. Entity Name</b> POWELL ASSOCIATES, INC.					
<b>Principal Place of Business</b> 3451 -53 HIGH RIDGE RD BOYNTON BEACH, FL 33426			<b>Mailing Address</b> 3451 -53 HIGH RIDGE RD BOYNTON BEACH, FL 33426		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02082007    Chg-P    CR2E034 (12/06)	
Zip		Country		<b>4. FEI Number</b> 20-1773961	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  POWELL, RICHARD 3951-53 HIGH RIDGE RD BOYNTON BEACH, FL 33426				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PT	<b>NAME</b> POWELL, DEBORAH	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 11156 MALAYSIA CIRCLE	CITY - ST - ZIP BOYNTON BEACH, FL 33437		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b> VS	<b>NAME</b> POWELL, RICHARD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3028 HARTRIDGE TERRACE	CITY - ST - ZIP WEST PALM BEACH, FL 33414		<b>STREET ADDRESS</b>	CITY - ST - ZIP WELLINGTON, FL 33414	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> _____			_____ 2/9/07 215888166		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		