

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90083 021 \*\*\*150.00

**DOCUMENT # P04000124024**

1. Entity Name  
**POWER PROS, INC.**



Principal Place of Business Mailing Address  
2660 NW 22 STREET 2660 NW 22 STREET  
FORT LAUDERDALE, FL 33311 US FORT LAUDERDALE, FL 33311 US

40053306



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04062006 Chg-P CR2E034 (11/05)

4. FEI Number 42-1645978 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

MARION, TONY L  
2660 NW 22 STREET  
FORT LAUDERDALE, FL 33311

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Tony L Marion DATE 4-16-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 ☒

TITLE D ☐ Delete  
NAME MARION, TONY L  
STREET ADDRESS 2660 NW 22 STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE D ☐ Change ☒ Addition  
NAME maurice Carter  
STREET ADDRESS 2260 NW 22 Street  
CITY-ST-ZIP Ft. LAUDERDALE, Fla. 33311

TITLE D ☒ Delete  
NAME BUTLER, LONNIE  
STREET ADDRESS 2660 NW 22 STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE D ☐ Change ☒ Addition  
NAME Brandon McCray  
STREET ADDRESS 2260 NW 22 Street  
CITY-ST-ZIP Ft. LAUDERDALE, FL 33311

TITLE D ☒ Delete  
NAME BALOM, CARL D  
STREET ADDRESS 445 S.W. 27TH AVENUE #111  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE D ☐ Change ☒ Addition  
NAME Kevin Wade  
STREET ADDRESS 2260 NW 22 Street  
CITY-ST-ZIP Ft. LAUDERDALE, FL 33311

TITLE D ☐ Delete  
NAME BROWN, B.L.  
STREET ADDRESS 2660 NW 22ND STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WARE, LARRY  
STREET ADDRESS 2660 NW 22 STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Tony L Marion DATE 4-16-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR