

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

04-28-2005 90167 023 ***150.00
08-31-2005 90014 036 ***550.00

DOCUMENT # P04000136427 1. Entity Name POWERTEAM, INC.					
Principal Place of Business 2787 E OAKLAND PARK BLVD - STE 202 FT LAUDERDALE, FL 33306			Mailing Address 2787 E OAKLAND PARK BLVD - STE 202 FT LAUDERDALE, FL 33306		
2. Principal Place of Business 2700 W. Cypress Creek Road		3. Mailing Address 2700 W. Cypress Creek Road			
Suite, Apt. #, etc. D-130		Suite, Apt. #, etc. D-130			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 57-1214130	
Zip 33309		Country Broward		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TEPPS, JEROME L 2787 E OAKLAND PARK BLVD - STE 202 FT LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2700 W. Cypress Creek Road; #D-130 City Ft. Lauderdale, State FL Zip Code 33309		
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:  Jerome L. Teppes DATE: 8/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D TEPPS, JEROME L 2787 E OAKLAND PARK BLVD - STE 202 FT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Jerome L. Teppes DATE: 8/29/05 (954) 563- 2852. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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