2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010999

FILED Apr 21, 2009 Secretary of State

Entity Name: POWERHOUSE CONSTRUCTION OF ST. AUGUSTINE, INC.

Current Principal Place of Business:		New Principal Place of Business:		
15 COQUI ST AUGU	INA AVE STINE, FL 32080			
Current Mailing Address:			New Mailing Address:	
15 COQUI ST AUGU	INA AVE STINE, FL 32080			
FEI Number	: 20-2237130 FEI N	umber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current	Registered Agent:	Name and Address	of New Registered Agent:
POWERS 15 COQUI ST AUGU	ÍNA AVE	JS		
	e named entity submits e of Florida.	s this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.	s this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida. * RE:	s this statement for the particles at the statement for the statement for the particles at the statement for the statem		ed office or registered agent, or both, Date
in the Stat	e of Florida. * RE:	ature of Registered Ag		
in the Stat	e of Florida. RE: Electronic Sign	ature of Registered Agr	ent	
in the Stat	e of Florida. RE: Electronic Sigr mpaign Financing Trust I	ature of Registered Agr	ent	Date
in the Stati SIGNATU Election Cal OFFICER Title: Name: Address:	e of Florida. RE: Electronic Sign mpaign Financing Trust I S AND DIRECTORS: PD () Delete POWERS, GLEN 15 COQUINA AVE	ature of Registered Age Fund Contribution ().	ent ADDITIONS/CHANG Title: Name: Address:	Date EES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN POWERS PD 04/21/2009