

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000013303

Entity Name: POWER-CUT, INC.

FILED
Sep 01, 2006
Secretary of State

Current Principal Place of Business:

37147 HORSESHOE DR
UMATILLA, FL 32784

New Principal Place of Business:

19901 E ALTOONA RD
ALTOONA, FL 32702 US

Current Mailing Address:

37147 HORSESHOE DR
UMATILLA, FL 32784

New Mailing Address:

19901 E ALTOONA RD
ALTOONA, FL 32702 US

FEI Number: 42-1590335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, KELLY C
37147 HORSESHOE DR
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

POWERS, KELLY C
19901 E ALTOONA RD
ALTOONA, FL 32702 US

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.

SIGNATURE: KELLY C POWERS

09/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWERS, FLOYE
Address: 37147 HORSESHOE DR
City-St-Zip: UMATILLA, FL 32784

Title: VD () Delete
Name: POWERS, KELLY C
Address: 37147 HORSESHOE DR
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POWERS, FLOYE
Address: 19901 E ALTOONA RD
City-St-Zip: ALTOONA, FL 32702 US

Title: VD (X) Change () Addition
Name: POWERS, KELLY C
Address: 19901 E ALTOONA RD
City-St-Zip: ALTOONA, FL 32702 US

I hereby certify that the information supplied with this filing does not qualify for the 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: FLOYE POWERS

PD

09/01/2006

Electronic Signature of Signing Officer or Director

Date