

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000033280</b> 1. Entity Name <b>POWER &amp; COMMUNICATIONS DESIGNS, INC.</b>	
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Principal Place of Business <b>911 E. KNOLLWOOD                  TAMPA, FL 33604</b>	Mailing Address <b>911 E. KNOLLWOOD                  TAMPA, FL 33604</b>
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**DO NOT WRITE IN THIS SPACE**



05082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2458667</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAY, SHARON  
 911 E. KNOLLWOOD  
 TAMPA, FL 33604**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, SHARON 911 E. KNOLLWOOD TAMPA, FL 33604
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**DO NOT WRITE IN THIS SPACE**

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:** Sharon E. Day **05-08-07** **813-237-3457**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #