


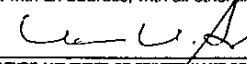


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90425 033 ***150.00

DOCUMENT # P05000045176 1. Entity Name POWERCOM, INC					
Principal Place of Business 837 FAIRWAY DRIVE NEW SMYRNA BEACH, FL 32168 US				Mailing Address 837 FAIRWAY DRIVE NEW SMYRNA BEACH, FL 32168 US	
2. Principal Place of Business 500 N. PENNSYLVANIA AVE. Suite, Apt. #, etc. A		3. Mailing Address 500 N. PENNSYLVANIA AVE Suite, Apt. #, etc. A			
City & State WINTER PARK, FLORIDA Zip 32789		City & State WINTER PARK, FLORIDA Zip 32789		4. FEI Number 26-0118783 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHENS, MARK J- 837 FAIRWAY DRIVE NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name STEPHENS, MAUREEN M. Street Address (P.O. Box Number is Not Acceptable) 500 N. PENNSYLVANIA AVE. # A City WINTER PARK FL Zip Code 32789	
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:  4-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P DOHERTY, JOHN J. 208 SALUDO NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, MARK J. 500 N. PENNSYLVANIA AVE # A WINTER PARK, FLORIDA 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP STEPHENS, MARK J 837 FAIRWAY DRIVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y.P. STEPHENS, MARK J. 500 N. PENNSYLVANIA AVE # A WINTER PARK, FLORIDA 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-25-06 321 432 8800 <small>Date Daytime Phone #</small>		