2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000108590

Address:

City-St-Zip:

Entity Name: FLORIDA POWERLINE, INC

FILED May 16, 2009 Secretary of State

Littly Na	ille. FLORIDA	A FOVVERLINE, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
1103 SE MCFARLANE AVENUE PORT ST. LUCIE, FL 34952				3052 SE DARIEN RD. PORT ST. LUCIE, FL 34952		
Current M	lailing Addre	ss:	New	New Mailing Address:		
PO BOX 8 PORT ST.	865 LUCIE, FL 3	4985				
FEI Number	: 20-3556886	FEI Number Applied For () FEI Number N	ot Applicable ()	Certificate of Status Desired	l ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PORT ST. The above in the State	ICFARLANE / LUCIE, FL 3/ named entity of Florida.	4952 US	the purpose of cha	nging its register	ed office or registered agent, o	or both,
SIGNATU		nic Signature of Registere	d A t		 Date	
OFFICER	S AND DIREC	J J	Ü	OITIONS/CHANG	SES TO OFFICERS AND DIR	ECTORS
Title: Name: Address: City-St-Zip:	P (PEREZ, JOSE PO BOX 8865 PORT ST. LUC		Title: Name Addre City-V		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (YATES, KENN PO BOX 8865 PORT ST. LUC		Title: Name Addre City-	-	() Change () Addition	
Title: Name:	() Delete	Title: Name	V : YATES, LI	()Change(X)Addition SA A	

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.

Address:

City-St-Zip:

PO BOX 8865

PORT ST. LUCIE, FL 34985

SIGNATURE: KENNETH D YATES V 05/16/2009