

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042858

FILED
Mar 27, 2008
Secretary of State

Entity Name: POWERPLAY MANAGEMENT, INC.

Current Principal Place of Business:

4310 HARBOR LAKE DR
LUTZ, FL 33558 US

New Principal Place of Business:

Current Mailing Address:

4310 HARBOR LAKE DR
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHARVIRKAR, MILIND PRES
4310 HARBOR LAKE DR
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BHARVIRKAR, MILIND
Address: 4310 HARBOR LAKE DR
City-St-Zip: LUTZ, FL 33558 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BHARVIRKAR, MILIND
Address: 4310 HARBOR LAKE DR
City-St-Zip: LUTZ, FL 33558 US

Title: VPD () Change (X) Addition
Name: UTUKURI, AVANINDRA
Address: 4310 HARBOR LAKE DR
City-St-Zip: LUTZ, FL 33558 US

Title: T () Change (X) Addition
Name: BHARVIRKAR, AVINASH
Address: 4310 HARBOR LAKE DR
City-St-Zip: LUTZ, FL 33558 US

Title: S () Change (X) Addition
Name: COLBY, JOHN
Address: 4310 HARBOR LAKE DR
City-St-Zip: LUTZ, FL 33558 US

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: MILIND BHARVIRKAR

PD

03/27/2008

Electronic Signature of Signing Officer or Director

Date