


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90039 023 ***150.00

DOCUMENT # P06000152380		
1. Entity Name POWERPLANT PROJECT MANAGEMENT, INC.		

Principal Place of Business 2609 N. FORREST RIDGE BLVD., PMB 106 HERNANDO, FL 34442	Mailing Address 2609 N. FORREST RIDGE BLVD., PMB 106 HERNANDO, FL 34442
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40020854



2. Principal Place of Business, No P.O. Box # 1254 N PROSPECT AVE	3. Mailing Address 1254 N PROSPECT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02162007 Chg-P CR2E034 (12/06)

City & State LECANTO, FL	City & State LECANTO FL
Zip 34461	Zip 34461
Country CYRUS	Country CYRUS

4. FEI Number 208041687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEHMANN, THOMAS H 1254 N. PROSPECT AVENUE LECANTO, FL 34461	
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7. Name and Address of New Registered Agent Name HUGH PHILLIPS, CPA Street Address (P.O. Box Number is Not Acceptable) 1339 N CARNEVALE TER City LECANTO FL Zip Code 34461	
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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 Hugh Phillips CPA DATE 2/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHMANN, THOMAS H 1254 N. PROSPECT AVENUE LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Thomas H. Lehmann Thomas H. Lehmann 2/16/07 352-220-4577 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	