


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90020 011 \*\*\*150.00

<b>DOCUMENT # P07000029586</b>	
1. Entity Name <b>DEREK POWER, INC.</b>	

Principal Place of Business <b>5338 NW 121ST AVENUE CORAL SPRINGS, FL 33076 US</b>	Mailing Address <b>5338 NW 121ST AVENUE CORAL SPRINGS, FL 33076 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2801 RIVERSIDE DRIVE</b>	3. Mailing Address <b>2801 RIVERSIDE DRIVE</b>
Suite, Apt. #, etc. <b>APT 405</b>	Suite, Apt. #, etc. <b>APT 405</b>

City & State <b>Coral Springs Florida</b>	City & State <b>Coral Springs Florida</b>
Zip <b>33065</b>	Zip <b>33065</b>
Country <b>USA</b>	Country <b>USA</b>



03182008 Chg-P CR2E034 (12/06)

4. FEI Number <b>87-0797021</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>POWER, DEREK G 5338 NW 121ST AVENUE CORAL SPRINGS, FL 33076</b>	7. Name and Address of New Registered Agent Name <b>DEREK POWER INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2801 RIVERSIDE DRIVE APT 405</b> City <b>Coral Springs</b> FL Zip Code <b>33065</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	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	P/D POWER, DEREK G 5338 NW 121ST AVENUE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D POWER DEREK G 2801 RIVERSIDE DRIVE APT 405 CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Derek Power **DEREK POWER** April 8/2008 9546639759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #