

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079691

Entity Name: POWER PURCHASING, INC.

FILED  
Apr 16, 2011  
Secretary of State

**Current Principal Place of Business:**

1217 E. CAPE CORAL PARKWAY  
STE 90  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1217 E. CAPE CORAL PARKWAY  
STE 90  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 90-0334842      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARKS, DONNA  
1217 E. CAPE CORAL PARKWAY  
STE 90  
CAPE CORAL, FL 33904 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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: MARKS, DONNA  
Address: 4106 NW 11TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: T  
Name: MARKS, DONNA  
Address: 4106 NW 11TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP/D  
Name: MARKS, ASHLEY  
Address: 4106 NW 11TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: S/D  
Name: SALVO, MARKS  
Address: 4106 NW 11TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

I hereby 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 all other like empowered.

SIGNATURE: DONNA MARKS

P

04/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date