

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046717

FILED
Mar 14, 2009
Secretary of State

Entity Name: POWER MOP INCORPORATED

Current Principal Place of Business:

4165 TURNBERRY CIRCLE
#22
LAKE WORTH, FL 33467 US

Current Mailing Address:

4165 TURNBERRY CIRCLE
#22
LAKE WORTH, FL 33467 US

New Principal Place of Business:

822 ILENE RD WE
822
WEST PALM BEACH, FL 33415 US

New Mailing Address:

822 ILENE RD WE
822
WEST PALM BEACH, FL 33415 US

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

Name and Address of Current Registered Agent:

BUCCA, VICTOR M
4165 TURNBERRY CIRCLE
#22
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

BUCCA, VICTOR M
822 ILENE RD WES
822
WEST PALM BEACH, FL 33415 US

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: VB

03/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,T () Delete
Name: BUCCA, VICTOR M
Address: 4165 TURNBERRY CIRCLE #22
City-St-Zip: LAKE WORTH, FL 33467 US

Title: P,S () Delete
Name: RAGGIO, KARLA
Address: 4165 TURNBERRY CIRCLE #22
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,T (X) Change () Addition
Name: BUCCA, VICTOR M
Address: 822 ILEN RD WES
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: P,S (X) Change () Addition
Name: RAGGIO, KARLA
Address: 822 ILENE RD WES
City-St-Zip: WEST PALM BEACH, FL 33415 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: VB

VB

03/14/2009

Electronic Signature of Signing Officer or Director

Date