2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2006
Secretary of State

DOCUMENT# P93000082232

Entity Name: POWER CONSULTING GROUP, INC.

Current Principal Place of Business:

18481 S.E. HERITAGE OAKS LANE
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

18481 S.E. HERITAGE OAKS LANE
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 65-0457759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, THOMAS D
140 INTRACOASTAL POINTE DR., #305
NJUPITER, FL 33477Y 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/P ( ) Delete
Name: JABALI, HABIB H DR
Address: 18481 S.E. HERITAGE OAKS LANE
City-St-Zip: TEQUESTA, FL 33469

Title: D/VP ( ) Delete
Name: JABALI, OCATAVIA M
Address: 18481 SE HERITAGE OAKS LANE
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete
Name: SCHMIDT, TINA
Address: 1725 PONTARELLI COURT
City-St-Zip: AURORA, IL 60504

Title: D ( ) Delete
Name: JABALI, ALLISON K
Address: 888 SUMMERWOOD DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: JABALI, ANGELA M
Address: 441 EAST ERIE STREET
City-St-Zip: CHICAGO, IL 60611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCHMIDT, TINA
Address: 18481 SE HERITAGE OAKS LANE
City-St-Zip: TEQUESTA, FL 33469

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HABIB JABALI P 01/07/2006

Electronic Signature of Signing Officer or Director — Date