

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000082232

Entity Name: POWER CONSULTING GROUP, INC.

FILED  
Mar 24, 2009  
Secretary of State

**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/V/P ( ) Delete  
Name: JABALI, OCATAVIA M  
Address: 18481 SE HERITAGE OAKS LANE  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: SCHMIDT, TINA  
Address: 132 SPOONBILL CT  
City-St-Zip: JUPITER, FL 33458

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: SIMONS, ANGELA M  
Address: 712 CREE STREET  
City-St-Zip: JUPITER, FL 33458

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: HABIB H JABALI

D/P

03/24/2009

Electronic Signature of Signing Officer or Director

Date