

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000019989

Entity Name: POWER PLUS, INC.

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

550 PARQUE DR  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

550 PARQUE DR  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 59-3233737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TANGES, D R  
29 VILLAGE DRIVE  
ORMOND BEACH, FL 32174 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: MR  
Name: TANGES, D R  
Address: 29 VILLAGE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: P  
Name: TANGES, DAVID R.  
Address: 550 PARQUE DR  
City-St-Zip: ORMOND BEACH, FL

Title: ST  
Name: TANGES, ANITA  
Address: 550 PARQUE DR  
City-St-Zip: ORMOND BEACH, FL 32174

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: ANITA TANGES

ST

03/30/2010

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

\_\_\_\_\_  
Date