


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000055202
 1. Entity Name
 POWERHOUSE MACHINE SHOP, INC.



Principal Place of Business
 2101 NE JACKSONVILLE RD
 OCALA, FL 34470 US

Mailing Address
 2101 NE JACKSONVILLE RD
 OCALA, FL 34470 US

DO NOT WRITE IN THIS SPACE



02172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3257750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSEY, JOHN D
 2101 NE JACKSONVILLE RD
 OCALA, FL 34470

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000891991
 04/23/08-80047-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KINSEY, JOHN D
STREET ADDRESS	1899 NE 28 ST
CITY- ST- ZIP	OCALA, FL 34470
TITLE	D
NAME	KINSEY, BETTY J
STREET ADDRESS	1899 NE 28 STREET
CITY- ST- ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D Kinsey 4/10/08 (352) 867-5766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #