2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 🗴

Feb 02, 2006 8:00 am Secretary of State DOCUMENT # P95000079603 1. Entity Name 02-02-2006 90042 049 ***150.00 POWERAMPER INDUSTRY, INC. Principal Place of Business Mailing Address 4748 N FT. CHRISTMAS RD 4748 N FT. CHRISTMAS RD 60010576 CHRISTMAS, FL 32709 CHRISTMAS, FL 32709 2. Principal Place of Business 3. Mailing Address 3612 Danbu 36 I2 Suite, Apt. #, etc. Suite, Apt. #, etc 01272006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number F٤. Orlando Ovlando 59-3418332 Not Applicable Country Country \$8.75 Additional 328<u>12</u> 5. Certificate of Status Desired 32812 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHANG, KENNY Street Address (P.O. Boy Number is Not Acceptable) 4748 N FT CHRISTMAS RD CHRISTMAS, FL 32709 Zip Code 32812 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 2 DATE and title if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change . ☐ Addition D TITLE TITLE ☐ Delete PAN, RENA NAME NAME 3612 Danby Ct Orlando, FL 32812 4748 N FT. CHRISTMAS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHRISTMAS, FL 32709 CITY-ST-ZIP ☐ Addition ☐ Defete TITLE TETLE CHANG, KENNY NAME 3612 Danby Ct STREET ADDRESS 4748 N FT, CHRISTMAS STREET ADDRESS CITY-ST-ZIP CHRISTMAS, FL 32709 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED