2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000104301 03-14-2007 90032 034 ***150.00 1. Entity Name POWERS ACCOUNTING SERVICE, INC. Principal Place of Business Mailing Address 400000-7026 GREENFERN LANE 7026 GREENFERN LANE JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3418169 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWERS, SARA M Street Address (P.O. Box Number is Not Acceptable) 7026 GREENFERN LAN JACKSONVILLE, FL 32277 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE TITLE ☐ Change Addition Delete POWERS, SARA M NAME NAME STREET ADDRESS 7026 GREENFERN LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-ZIP TITLE Delete TITLE Change Addition MAULDIN, CYNTHIA P NAME NAME SIREET ADDRESS 15151 SPRINGMOOR ONE CT. STREET ADDRESS PLEASE CITY-\$T-ZIP JACKSONVILLE, FL 32225 TITLE Delcte ☐ Change ■ Addition POWERS, SARA M NAME NAME STREET ADDRESS 7026 GREENFERN LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 744-6124

Daytime Phone #

FILED Mar 14, 2007 8:00 am