## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000016690

Entity Name: POWDER RIVER CORPORATION

FILED Apr 29, 2005 Secretary of State

	iiei   OWBE	CHIVEL COLL OLV CHOIL					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
5040 SE DI STUART, F	ELL ST FL 349976548						
Current Mailing Address:			New Maili	New Mailing Address:			
5040 SE DI STUART, F	ELL ST FL 349976548		5040 SE D STUART, I				
FEI Number:	65-0546857	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Co	ertificate of Status Des	sired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	DEL H AMAY DRIVE FL 349976548	US					
The above in the State	named entity s of Florida.	submits this statement for the pu	irpose of changing i	ts registered offic	e or registered age	nt, or both,	
SIGNATUR							
		ic Signature of Registered Ager	nt		Date		
Election Carr	npaign Financing	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () MAYNE, JOEL I 5650 SE LAMA' STUART, FL 34	Y DRIVE	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition		
Title: Name: Address: City-St-Zip:	STD () HALVIN, ANNE 5040 SE DELL STUART, FL 34	ST	Title: Name: Address: City-St-Zip:	DIRV (X) CH HALVIN, ANNE L 5040 SE DELL ST STUART, FL 3499	nange()Addition 7		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: Citv-St-Zip:	DIRV () Ch HOUSE, PATRICK 5040 SE DELL ST STUART, FL 3499	ange (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOEL H. MAYNE II PRES 04/29/2005