FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION -~ ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90009 005 ***150.00

DOCUMENT # P98000063896

1. Corporation Name

POWERHOUSE INTERACTIVE, INC.

Princ	cipa	l Pla	ice o	t Bus	mess

Mailing Address

3438 E LAKE RD. STE 14633 PALM HARROR FL 34685

3438 E LAKE RD. STE 14633

TALM TRINDON TE 04000		THEM TRAINED IT E STOOD		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed			
				07/21/1998			
^ .	lace of Business	2a. Mailing Address	0	4. FEI Number	<u> </u>	lied For	
21 PMB 6		26 PMB 673438 ET	nstunke Rel	59-3557835		Applicable	
Suite, Apt.	#, efc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac Fee Req		
City & State	HARBOE FL	city & State -	, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	,	
Zip	Country	Zip	Country	This corporation owes the current year			
24 346	85 25 USA	29 34685 30	<i>F 1</i> 1	Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ad Agent		
BUS	INESS FILINGS INCORPORATED		81 Name	Richard Becesson	ノ		
	OCEAN SHORE BLVD, STE 195		82 Street	Address (P.O. Box Number is Not Acceptable)			
	IOND BEACH FL 32176		83	SEASTLAKE KO. DY	~~~		
			PA	1B 633 B	,, ,		
			84 City	7cm HABE F	L 85 376	85	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its requestion	egistered istered	
agent. I a	m familier with, and according the obligation	ons of Section 607.0505, Florida	Statutes.		WINDL	2	
SIGNATURE	Signature, typed or printed name of registered agent	and title applicable. (NOTE: Re	gistered Agent signature n	SECRETHALL SIRECTOR DATE	1/27/7	<u></u>	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	Change	☐ Addition	
NAME	DOUGLAS, JOSEPH C		1.2 NAME	AND 122/2012 AVE DA ST	re 11/		
STREET ADDRESS	3438 E LAKE RD, STE 14633	/ 1	1.3 STREET ADDRESS	PMB 633/3438 E.LAKE RD, 57	~./T		
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP			- Addison	
TITLE	D	■ DELETE	2.1 TITLE		☐ Change	Addition	
NAME	PRUITT, JEFFREY L		2.2 NAME				
STREET ADDRESS	3438 E LAKE RD; STE 14633		2.3 STREET ADDRESS	_	_		
CITY-ST-ZIP	PALM HARBOR FL 34685	☐ DELETE	2.4 CITY-ST-ZIP	06406744 (1) 4607	Til banga	☐ Addition	
TITLE	D OCCUPATION	□ DETE LE	3.1 TITLE 3.2 NAME	SEGERITHEY / DIRECTOR	E Change	(
NAME	BECERRA, RICHARD 3438 E LAKE RD, STE 14633		3.2 NAME 3.3 STREET ADDRESS	SECRETARY DIRECTOR PMB 633/3439 E.LAKE PA	STE.14	,	
STREET ADDRESS	PALM HARBOR FL 34685			7770 600 5700 512000 600	.,,		
CITY-ST-ZIP TITLE	FALM NANDON FE 34003	□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition	
NAME		_	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR