2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019741

Entity Name: 3/POWERS, INC.

FILED May 15, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
00051/441444 5551/5	

2305 KANAKA DRIVE 2083 HERITAGE OAKS COURT JACKSONVILLE, FL 32246 CRANGE PARK, FL 32003

Current Mailing Address: New Mailing Address:

2305 KANAKA DRIVE P.O. BOX 8421

JACKSONVILLE, FL 32246 FLEMING ISLAND, FL 32006

FEI Number: 59-3561487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POWERS, WALTER D
2305 KANAKA DRIVE
JACKSONVILLE, FL 32246
US

POWERS, WALTER D
2083 HERITAGE OAKS COURT
ORANGE PARK, FL 32003
US

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.

SIGNATURE: WALTER D POWERS 05/15/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 POWERS, WALTER D
 Name:
 POWERS, WALTER D

 Address:
 2305 KANAKA DRIVE
 Address:
 2083 HERITAGE OAKS COURT

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 ORANGE PARK, FL 32003

Title: D () Delete Title: () Change () Addition

 Name:
 POWERS, GERALD
 Name:

 Address:
 8063 RAYMOND STREET
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 POWERS, JEAN
 Name:

 Address:
 8063 RAYMOND STREET
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WALTER D POWERS PRES 05/15/2007