

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000084432

**FILED**  
**Aug 11, 2005**  
**Secretary of State****Entity Name:** POWERS FINANCIAL & ASSOCIATES, INC.**Current Principal Place of Business:**12478 S. HYACINTH PT  
FLORAL CITY, FL 34436**New Principal Place of Business:**2205 SIMPSON RIDGE CIRCLE  
B  
KISSIMMEE, FL 34744**Current Mailing Address:**12478 S. HYACINTH PT  
FLORAL CITY, FL 34436**New Mailing Address:**2205 SIMPSON RIDGE CIRCLE  
B  
KISSIMMEE, FL 34744**FEI Number:** 65-0952385**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**POWERS, DEBRA  
12478 S. HYACINTH POINT  
FLORAL CITY, FL 34436 US**Name and Address of New Registered Agent:**POWERS-KONCZAL, DEBRA  
2205 SIMPSON RIDGE CIRCLE  
B  
KISSIMMEE, FL 34744 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:** DEBRA LEE POWERS-KONCZAL

08/11/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** POWERS, DEBRA  
**Address:** 12478 S. HYACINTH PT.  
**City-St-Zip:** FLORAL CITY, FL 34436**Title:** STD (X) Delete  
**Name:** DAVIS, CATHERINE  
**Address:** 12478 S. HYACINTH PT.  
**City-St-Zip:** FLORAL CITY, FL 34436**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** POWERS-KONCZAL, DEBRA  
**Address:** 2205 SIMPSON RIDGE CIRCLE  
**City-St-Zip:** KISSIMMEE, FL 34744**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** DEBRA LEE POWERS-KONCZAL

P

08/11/2005

Electronic Signature of Signing Officer or Director

Date