

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000094078 1. Entity Name POWER DEVELOPMENT CORPORATION						FILED 05 SEP 13 PM 3:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 15924 MUIRFIELD DRIVE ODESSA, FL 33556				Mailing Address 15924 MUIRFIELD DRIVE ODESSA, FL 33556			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0743879				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HILAMAN, STEVEN L 15924 MUIRFIELD DRIVE ODESSA, FL 33556				7. Name and Address of New Registered Agent Name HILAMAN, JANET E Street Address (P.O. Box Number is Not Acceptable) 15924 MUIRFIELD DRIVE City ODESSA FL Zip Code 33556			
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 <u>X Janet E Hilaman</u> DATE <u>9/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PCEO NAME HILAMAN, STEVEN L STREET ADDRESS 15924 MUIRFIELD DRIVE CITY-ST-ZIP ODESSA, FL 33556 <i>Steven L Hilaman</i>				TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE TRES NAME HILAMAN, JANET E STREET ADDRESS 15924 MUIRFIELD DRIVE CITY-ST-ZIP ODESSA, FL 33556 <input type="checkbox"/> Delete				TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE DIR NAME HILAMAN, SCOTT A STREET ADDRESS 15924 MUIRFIELD DRIVE CITY-ST-ZIP ODESSA, FL 33556 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS 700079825837 CITY-ST-ZIP 09/14/06--01041--020 **\$1.25			
TITLE TRGAS NAME HILAMAN, VAUGHAN STREET ADDRESS 15924 MUIRFIELD R CITY-ST-ZIP ODESSA FL 33556 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP JC 9/13 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>X Janet E Hilaman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>9/11/06</u> Daytime Phone # <u>813-926-9473</u>			