

**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P99000094078

1. Entity Name
POWER DEVELOPMENT CORPORATION



Principal Place of Business
15924 MUIRFIELD DRIVE
ODESSA, FL 33556

Mailing Address

15924 MUIRFIELD DRIVE
ODESSA, FL 33556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

07162006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0743879

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILAMAN, STEVEN L
15924 MUIRFIELD DRIVE
ODESSA, FL 33556

Name

HILAMAN, JANET E
15924 MUIRFIELD DRIVE

City

ODESSA

FL

Zip Code
33556

7. Name and Address of New Registered Agent

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

X Janet E Hilaman

9/11/06

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCEO
HILAMAN, STEVEN L
15924 MUIRFIELD DRIVE
ODESSA, FL 33556

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TRES
HILAMAN, JANET E
15924 MUIRFIELD DRIVE
ODESSA, FL 33556

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIR
HILAMAN, SCOTT A
15924 MUIRFIELD DRIVE
ODESSA, FL 33556

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TRGAS
HILAMAN, VAUNESSA
15924 MUIRFIELD R
ODESSA FL 33556

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X Janet E Hilaman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/06 813-926-9473
Date Daytime Phone #