


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90043 036 \*\*\*158.75

DOCUMENT # V23750					
1. Entity Name POWER SCOPING & CONSULTING, INC.					
Principal Place of Business 2394 SW 10 AVENUE BOYNTON BEACH, FL 33426 US		Mailing Address 2394 SW 10 AVENUE BOYNTON BEACH, FL 33426 US			
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0322317	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MORRIS, SHIRLEY 2394 SW 10 AVE BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name <i>MORRIS, JOHN</i> Street Address (P.O. Box Number is Not Acceptable) <i>2394 SW 10<sup>TH</sup> AVE</i> City <i>BOYNTON BEACH, FL</i> Zip Code <i>33426</i>		
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 <i>JOHN MORRIS PSD</i>		<i>John</i>		DATE <i>1/24/06</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MORRIS, SHIRLEY 2394 SW 10 AVE BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MORRIS, JOHN 2394 SW 10 <sup>TH</sup> AVE BOYNTON BEACH, FL. 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MORRIS, JOHN 2394 SW 10 AVE BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>JOHN MORRIS PSD</i>		<i>John</i>		DATE <i>1/24/06</i> 561-271-0943	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	