

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90193 020 \*\*\*158.75

**DOCUMENT # 241339**  
 1. Entity Name  
 P.E.P., INC.



QUUBOIS



04072006 Chg-P CR2E034 (11/05)

Principal Place of Business: 1833 S.E. 17TH ST., PILOT HOUSE BLDG. 13017 PORT EVERGLADES STATION FT LAUDERDALE, FL 33316  
 Mailing Address: 1833 S.E. 17TH ST., PILOT HOUSE BLDG. 13017 PORT EVERGLADES STATION FT LAUDERDALE, FL 33316

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-0913068 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 JACKSON, ROBERT I  
 1833 SE 17TH ST  
 FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: PARENT, ROLAND R. STREET ADDRESS: 1833 S.E. 17TH STREET CITY-ST-ZIP: FORT LAUDERDALE, FL 33316
TITLE: PD <input type="checkbox"/> Delete	NAME: HOYE, KEITH STREET ADDRESS: 1833 S.E. 17TH STREET CITY-ST-ZIP: FORT LAUDERDALE, FL 33316
TITLE: TD <input type="checkbox"/> Delete	NAME: JACKSON, ROBERT I STREET ADDRESS: 1833 S.E. 17TH ST. CITY-ST-ZIP: FORT LAUDERDALE, FL 33316
TITLE: VD <input type="checkbox"/> Delete	NAME: CORMACK, KEVIN L STREET ADDRESS: 1833 S.E. 17TH STREET CITY-ST-ZIP: FT LAUDERDALE, FL 33316
TITLE: SD <input type="checkbox"/> Delete	NAME: RYAN, JAMES J STREET ADDRESS: 1833 SE 17TH ST CITY-ST-ZIP: FORT LAUDERDALE, FL 33316
TITLE: VD <input type="checkbox"/> Delete	NAME: WINSLOW, GEORGE STREET ADDRESS: 1833 SE 17TH ST CITY-ST-ZIP: FORT LAUDERDALE, FL 33316

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Cunningham, Michael J. STREET ADDRESS: 1833 SE 17th St. CITY-ST-ZIP: Fort Lauderdale, Fl. 33316
TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Edelstein, Andrew H. STREET ADDRESS: 1833 SE 17th St. CITY-ST-ZIP: Fort Lauderdale, Fl. 33316
TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Hackett, Thomas G. STREET ADDRESS: 1833 SE 17th St. Fort Lauderdale, Fl. 33316
TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Patterson, Mark C. STREET ADDRESS: 1833 SE 17th St CITY-ST-ZIP: Fort Lauderdale, Fl. 33316
TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Shelton, Preston F. STREET ADDRESS: 1833 SE 17th St. CITY-ST-ZIP: Fort Lauderdale, Fl. 33316
TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Phipps, Cheryl A. STREET ADDRESS: 1833 SE 17th St. CITY-ST-ZIP: Fort Lauderdale, Fl. 33316

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: Preston F. Shelton PRESTON F. SHELTON Date: 4/24/06 Daytime Phone #: 954-522-4991