


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002287
 1. Entity Name
PIERANGELI GROUP, INC.



Principal Place of Business Mailing Address
 2006 ELMWOOD AVE. 2006 ELMWOOD AVE.
 SHARON HILL, PA 19079 SHARON HILL, PA 19079

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number **23-1745032** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPDIRECT AGENTS, INC.
 103 N. MERIDIAN ST.
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	PIERANGELI, PETER F
STREET ADDRESS	500 BERRY LANE
CITY - ST - ZIP	MEDIA, PA 19063
TITLE	P
NAME	PIERANGELI, RINALDO J
STREET ADDRESS	126 LORI LANE
CITY - ST - ZIP	BROOMALL, PA 19008
TITLE	VP
NAME	MURPHY, JAMES E
STREET ADDRESS	842 ALEXANDER AVE.
CITY - ST - ZIP	DREXEL HILL, PA 19026
TITLE	S
NAME	PIERANGELI, IRENE
STREET ADDRESS	500 BERRY LANE
CITY - ST - ZIP	MEDIA, PA 19063
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Rinaldo J. Pierangeli **RINALDO J. PIERANGELI** Date 1/8/04 (610) 534-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR