

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002287

Entity Name: PIERANGELI GROUP, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2006 ELMWOOD AVE.
SHARON HILL, PA 19079

New Principal Place of Business:

Current Mailing Address:

2006 ELMWOOD AVE.
SHARON HILL, PA 19079

New Mailing Address:

FEI Number: 23-1745032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PIERANGELI, PETER F
Address: 500 BERRY LANE
City-St-Zip: MEDIA, PA 19063

Title: P () Delete
Name: PIERANGELI, RINALDO J
Address: 126 LORI LANE
City-St-Zip: BROOMALL, PA 19008

Title: VP () Delete
Name: MURPHY, JAMES E
Address: 842 ALEXANDER AVE.
City-St-Zip: DREXEL HILL, PA 19026

Title: S () Delete
Name: PIERANGELI, IRENE
Address: 500 BERRY LANE
City-St-Zip: MEDIA, PA 19063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CONNOLLY

_____ Electronic Signature of Signing Officer or Director

CONT

04/30/2009

_____ Date