


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000113843 1. Entity Name PALM BEACH PIPES AND DRUMS, INC.	
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Principal Place of Business 108 PARADISE HARBOR # 302 NORTH PALM BEACH FL 33408	Mailing Address 108 PARADISE HARBOR # 302 NORTH PALM BEACH FL 33408
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1st MOORE CR2E034 (10/04)

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 59-2188756 <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent DIPERT, JON 108 PARADISE HARBOR APT # 302 NORTH PALM BEACH FL 33408	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	PAUL, BILL
STREET ADDRESS	8923 ESCONDIDO WAY
CITY - ST - ZIP	BOCA RATON FL 33433
TITLE	D <input type="checkbox"/> Delete
NAME	DIPERT, JON
STREET ADDRESS	108 PARADISE HARBOR BLVD APT 302
CITY - ST - ZIP	PALM BEACH FL 33408
TITLE	DV <input type="checkbox"/> Delete
NAME	MILLS, JOHN
STREET ADDRESS	124 B LINDY LANE
CITY - ST - ZIP	WEST PALM BEACH FL 33406
TITLE	DT <input type="checkbox"/> Delete
NAME	HORINE, DARLENE
STREET ADDRESS	3426 THEO WAY
CITY - ST - ZIP	WEST PALM BEACH FL 33417
TITLE	DS <input type="checkbox"/> Delete
NAME	ROSS, STAN
STREET ADDRESS	5345 ISLAND GYPSY DR
CITY - ST - ZIP	GREEN ACRES FL 33463
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000202126
STREET ADDRESS	01/28/05-80095-025 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Jon L. Dipert DATE: 561-308-6216