


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000113843
1. Entry Name
PALM BEACH PIPES AND DRUMS, INC.



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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 59-2188756	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	DP PAUL, BILL <input type="checkbox"/> Delete 8923 ESCONDIDO WAY BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIPERT, JON <input type="checkbox"/> Delete 108 PARADISE HARBOR BLVD APT 302 PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MILLS, JOHN <input type="checkbox"/> Delete 124 B LINDY LANE WEST PALM BEACH FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HORINE, DARLENE <input type="checkbox"/> Delete 5222 TIFFANY ANNE CIR WEST PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ROSS, STAN <input type="checkbox"/> Delete 5345 ISLAND GYPSY DR GREEN ACRES FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000612312 02/02/07-80096-020 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Darlene Horine Darlene Horine* **1-29-07** **561-616-3670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #