2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99160

FILED Apr 28, 2005 Secretary of State

| | | PIECE ENTERPRISES, INC. | | | |
|---|---------------------------|---|-----------------------------------|---|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| PO BOX 7' TAMPA, FI | 731 _ 336737731 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| PO BOX 7 TAMPA, FI | 731 _ 336737731 | | | | |
| FEI Number: | 59-3095943 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| TAMPA, FI | RGINIA AVE _ 33603 US | | urpose of changing its registered | l office or registered egent, or both | |
| SIGNATUE | RF. | | | onice of registered agent, or both, | |
| SIGNATUF | | ic Signature of Registered Age | nt | Date | |
| | Electron | ic Signature of Registered Age | nt | | |
| Election Car | Electron | Trust Fund Contribution (). | | | |
| Election Car | Electron npaign Financing | Trust Fund Contribution (). FORS: Delete SFORD S | ADDITIONS/CHANGE | Date | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MRS. KAREN B. SMITH **PRES** 04/28/2005