2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120451

Entity Name: PGP/DIPASQUALE LLC

1384 JASPER DRIVE

AMBLER, PA 19002

Address:

City-St-Zip:

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 833 W. TRENTON AVE. SUITE #4 MORRISVILLE, PA 19067 **New Mailing Address: Current Mailing Address:** 833 W. TRENTON AVE. SUITE #4 MORRISVILLE, PA 19067 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. CASTALDO, ANTHONY 515 EAST PARK AVE. 10449 WASHINGTONIA PALM WAY 3212 TALLAHASSEE, FL 32301 US FT MYERS, FL 33966 US 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: ANTHONY CASTALDO 05/01/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SCHAUTZ, JOHN Name: Name: 126 PONDEROSA DRIVE Address: Address: City-St-Zip: HOLLAND, PA 18966 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DAVIS, WAYNE Name: Name: Address: 2319 E. VINE ST. Address: City-St-Zip: HATFIELD, PA 19440 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DREYER, EDWARD Name: Name: Address: 437 GOLDEN GATE DRIVE Address: City-St-Zip: RICHBORO, PA 18954 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DIPASQUALE, RICHARD Name: 1384 JASPER DRIVE Address: Address: City-St-Zip: AMBLER, PA 19002 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DIPASQUALE, ANNA Name: Name:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: JOHN SCHAUTZ MGRM 05/01/2007