2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004119

1 BEACH DR SE STE 220

ST PETERSBURG, FL

Address:

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

Entity Nam	ne: PIERWE	LL LIMIT	ED INC.				
Current Principal Place of Business:				New Principal	New Principal Place of Business:		
1 BEACH D STE 220 ST PETERS	RIVE SE SBURG, FL	33701					
Current Mailing Address:				New Mailing A	New Mailing Address:		
1 BEACH D STE 220 ST PETERS	ORIVE SE SBURG, FL	33701					
FEI Number:	52-2330622	FEI Nu	mber Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent					ress of New Registered Agent:		
1 BEACH S	, THOMAS C E STE 220 SBURG, FL		US	POSKUS, SUSA 1 BEACH SE ST ST PETERSBUI	ΓE 220		
The above in the State		submits	this statement for the p	urpose of changing its reg	gistered office or registered agent, or both,		
SIGNATURE: SUSAN I POSKUS, CPA					04/25/2008		
Electronic Signature of Registered Agent				nt	Date		
Election Cam	paign Financir	ng Trust Fu	und Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD (STUCKY, JEAI 1 BEACH DR S ST PETERSBU	SE STE 220	ט	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD (STUCKY, THO 1 BEACH DR S ST PETERSBU	SE STE 220)	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	SD (STUCKY, INGI) Delete EBORG		Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: JEAN P STUCKY PCD 04/25/2008