2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# 235008

Entity Name: PIFCAF HOLDINGS, INC.

Current Principal Place of Business:

318 MITNIK DR
P O BOX 327
OSTEEN, FL 327640327 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 327
OSTEEN, FL 327640327 US

New Mailing Address:

FEI Number: 59-0902137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZMORRIS, PATRICK
318 MITNIK DR P O BOX 327
OSTEEN, FL 32764 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: FITZMORRIS, PATRICK
Address: 318 MITNIK DR / PO BOX 327
City-St-Zip: OSTEEN, FL 32764

Title: V ( ) Delete
Name: FITZMORRIS, CILLE
Address: 318 MITNIK DR / PO BOX 327
City-St-Zip: OSTEEN, FL 32764

Title: DS ( ) Delete
Name: FITZMORRIS, CYLLE
Address: 318 MITNIK DR / PO BOX 327
City-St-Zip: OSTEEN, FL 32764

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: FITZMORRIS, PATRICK
Address: 318 MITNIK DR / PO BOX 327
City-St-Zip: OSTEEN, FL 32764 US

Title: V/S (X) Change ( ) Addition
Name: FITZMORRIS, CILLE
Address: 318 MITNIK DR / PO BOX 327
City-St-Zip: OSTEEN, FL 32764 US

Title: D (X) Change ( ) Addition
Name: FITZMORRIS, CILLE
Address: 318 MITNIK DR / PO BOX 327
City-St-Zip: OSTEEN, FL 32764 US

Title: D ( ) Change (X) Addition
Name: FITZMORRIS, PATRICK
Address: 318 MITNIK DR/PO BOX 327
City-St-Zip: OSTEEN, FL 32764 US

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: CILLE FITZMORRIS S 02/09/2005

Electronic Signature of Signing Officer or Director Date