2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006
Secretary of State

DOCUMENT# 432128

Entity Name: PIFER, INC.

Current Principal Place of Business:

7700 HIGH RIDGE RD.
BOYNTON BEACH, FL 334265026 US

New Principal Place of Business:

Current Mailing Address:

7700 HIGH RIDGE RD.
BOYNTON BEACH, FL 334265026 US

New Mailing Address:

FEI Number: 59-1494061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAWN, JOEL T ESQUIRE
54 N E 4TH AVE.
DELRAY BEACH, FL 33483 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: PD ( ) Delete
Name: KILPATRICK, HAROLD D SR
Address: 1750 LAKE DR.
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD ( ) Delete
Name: KILPATRICK, TIM L
Address: 1725 LAKE DR.
City-St-Zip: DELRAY BEACH, FL 33444`

Title: SD ( ) Delete
Name: KILPATRICK, MARY G
Address: 1750 LAKE DR.
City-St-Zip: DELRAY BEACH, FL 33444

Title: V/AS ( ) Delete
Name: BURK, K. ERIC
Address: 17918 128TH TRAIL NORTH
City-St-Zip: JUPITER, FL 33478

Title: D ( ) Delete
Name: KILPATRICK, JON W
Address: 425 N W 18TH ST.
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete
Name: KILLPATRICK, HAROLD D JR.
Address: 302 N W 16TH ST.
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: KILPATRICK, HAROLD D SR
Address: 1750 LAKE DR.
City-St-Zip: DELRAY BEACH, FL 33444

Title: PD (X) Change ( ) Addition
Name: KILPATRICK, TIM L
Address: 1725 LAKE DR.
City-St-Zip: DELRAY BEACH, FL 33444`

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: K ERIC BURK V/AS 02/02/2006

Electronic Signature of Signing Officer or Director Date