


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 613771</b> 1. Entity Name P.E.D. ASSOCIATES, INC.	
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Principal Place of Business 19330 SPRING OAK DR. EUSTIS, FL 32736 US	Mailing Address P. O. BOX 1386 MT. DORA, FL 32756 US
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04202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1893242	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

DEIULIIS, PETER E 33815 E. LAKE JOANNA DRIVE EUSTIS, FL 32736
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000327410  
04/25/05-80036-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEIULIIS, PETER E 33815 E. LAKE JOANNA DR EUSTIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEIULIIS, SARAH 33815 E. LAKE JOANNA DR EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEDOUX, GILLE 19330 SPRING OAK DRIVE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STT LOWELL, SUSAN 33624 E. LAKE JOANNA DR. EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Lowell Susan Lowell 4-20-05 352-403-3328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #