


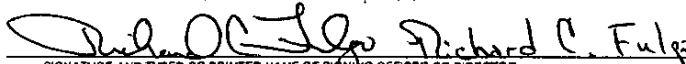
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90001 025 ***150.00

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DOCUMENT # 824229					
1. Entity Name PELLERIN LAUNDRY MACHINERY SALES COMPANY, INC.					
Principal Place of Business 700 JACKSON STREET POST OFFICE BOX 1137 KENNER, LA 70062-7774		Mailing Address 700 JACKSON STREET POST OFFICE BOX 1137 KENNER, LA 70062-7774			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-0503033	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHACKLEFORD, FARRIOR, STALLINGS & EVANS FARRIOR, J. REX, JR., 1ST FLORIDA TOWER TAMPA, FL 33601			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PELLERIN, CURTIS A.		NAME		
STREET ADDRESS	300 STELLA ST		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE, LA		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FULGO, RICHARD C.		NAME		
STREET ADDRESS	1031 RUE ORLEANS		STREET ADDRESS		
CITY-ST-ZIP	SLIDELL, LA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRILOT, CLIFTON		NAME		
STREET ADDRESS	1508 HOUMA BLVD		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE, LA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PELLERIN, JAMES		NAME		
STREET ADDRESS	400 NORTHLINE		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE, LA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	McClure, Scott D.	
STREET ADDRESS			STREET ADDRESS	335 Red Maple Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Mandeville, LA 70448	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 6/5/06 Daytime Phone #: 504-712-7751	