
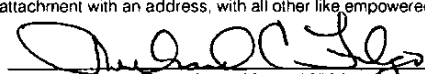


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 033 ***150.00

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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 72-0503033				Applied For Not Applicable
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, 2007 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELLERIN, CURTIS A.	NAME	19151 Bellerive Court	
STREET ADDRESS	300 STELLA ST	STREET ADDRESS	Baton Rouge, LA 70809	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELLERIN, JAMES	NAME	Palmer Avenue	
STREET ADDRESS	400 NORTHLINE	STREET ADDRESS	New Orleans, LA 70118	
CITY-ST-ZIP	METAIRIE, LA	CITY-ST-ZIP		
TITLE	C <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLURE, SCOTT D	NAME	V	
STREET ADDRESS	335 RED MAPLES DR	STREET ADDRESS		
CITY-ST-ZIP	MANDEVILLE, LA 70448	CITY-ST-ZIP		
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: 		Date	3/23/07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			504-467-9593	