

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005527

FILED
Jan 08, 2006
Secretary of State

Entity Name: PINNACLE MAPPING TECHNOLOGIES, INC.

Current Principal Place of Business:

8021 KNUE ROAD STE 113
INDIANAPOLIS, IN 46250

New Principal Place of Business:

Current Mailing Address:

8021 KNUE ROAD STE 113
INDIANAPOLIS, IN 46250

New Mailing Address:

FEI Number: 02-0596077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, RALPH
3149 CREEK ROAD
BONIFAY, FL 32425 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: CP () Delete
Name: KING, BRENDA
Address: 10009 WEEPING CHERRY DRIVE
City-St-Zip: FISHERS, IN 46038

Title: VP () Delete
Name: WOOD, STEVEN
Address: 9905 HUNT CLUB ROAD
City-St-Zip: ZIONSVILLE, IN 46077

Title: S () Delete
Name: MAYFIELD, BRIAN
Address: 9021 CARNATION DRIVE
City-St-Zip: NOBLESVILLE, IN 46060

Title: T () Delete
Name: KING, RYAN M
Address: 10009 WEEPING CHERRY DRIVE
City-St-Zip: FISHERS, IN 46038

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: VP () Change (X) Addition
Name: STUCK, NORMAN J
Address: 1658 S. HILLCREST AVE
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Change (X) Addition
Name: TAYLOR, FRANK R
Address: 8021 KNUE ROAD, SUITE 113
City-St-Zip: INDIANAPOLIS, IN 46250

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: RYAN M. KING

T

01/08/2006

Electronic Signature of Signing Officer or Director

_____ Date