

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90004 042 ***158.75

DOCUMENT # F06000002182 1. Entity Name MICHAEL J. PIERSON ASSOCIATES, INC.										
Principal Place of Business 23441 S POINTE DR SUITE 150 LAGUNA HILLS, CA 92653			Mailing Address 23441 S POINTE DR SUITE 150 LAGUNA HILLS, CA 92653							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		<div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> 02182008 Chg-P CR2E034 (12/06) </div>						
4. FEI Number 95-4364482		<div style="display: flex; justify-content: space-between;"> Applied For Not Applicable </div>								
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required								
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL 317 71ST ST MIAMI BCH, FL 33141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>							
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 reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	CDP PIERSON, MICHAEL J 15707 ROCKFIELD BLVD #200 IRVINE, CA 92618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	22641 Puntal Lana Mission Viejo, CA 92692	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PIERSON, MICHELLE K 15707 ROCKFIELD BLVD #200 IRVINE, CA 92618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	22641 Puntal Lana Mission Viejo, CA 92692	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERG, RONALD S 5717 ROUND MEADOW RD HIDDEN HILLS, CA 91302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.										
SIGNATURE:										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR										
Date _____ Daytime Phone # 749-457-1545										