2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000159

Entity Name: PICERNE INVESTMENT CORPORATION

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714				C/O PICERNE DEVELOPMENT CORP. 1420 E. MISSOURI AVE, STE 100 PHOENIX, AZ 85014			
Current Mailing Address:				New Mailing Address:			
247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714				C/O PICERNE DEVELOPMENT CORP. 1420 E. MISSOURI AVE, STE 100 PHOENIX, AZ 85014			
FEI Number:	05-0300997	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate	of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1400 ORLANDO, FL 32801 US							
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCD () E PICERNE, RONA 75 LAMBERT LIN WARWICK, RI 0	D HIGHWAY		Title: Name: Address: City-St-Zip:	PICERNE, JO	SOURI AVE, S	,
Title: Name: Address: City-St-Zip:	S () E PICERNE, JOHN 75 LAMBERT LIN WARWICK, RI 0	ID HIGHWAY		Title: Name: Address: City-St-Zip:	PICERNE, R	SOURI AVE, S	•
Title: Name: Address: City-St-Zip:	T () E URITESCU, RAYI 75 LAMBERT LIN WARWICK, RI 0	ID HWY		Title: Name: Address: City-St-Zip:	PICERNE, R	SOURI AVE, S	
Title: Name: Address: City-St-Zip:	PICERNE, ROBE 247 N WESTMON			Title: Name: Address: City-St-Zip:		()Change()) Addition
Title: Name: Address: City-St-Zip:	D (X) I MANCINI, RAY 1202 JEFFERSO WARWICK, RI 0			Title: Name: Address: City-St-Zip:		()Change ()) Addition
Title: Name: Address:	D (X) DEBLASE, ROBE			Title: Name: Address:		()Change()) Addition

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: LAURA LOUIS POA 03/27/2009

WARWICK, RI 02886

City-St-Zip: