

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000005628</b>			
1. Entity Name <b>PEPSOMERS CORPORATION</b>			
Principal Place of Business <b>C/O SAMSON MANAGEMENT 97-77 QUEENS BLVD REGO PARK, NY 11374</b>		Mailing Address <b>C/O SAMSON MANAGEMENT 97-77 QUEENS BLVD REGO PARK, NY 11374</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>13-3417343</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WAXMAN, MARK Z 235 S COUNTY RD #210 PO BOX 3368 PALM BCH, FL 33480</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOLDSTEIN, ARNOLD C/O SAMSON MANAGEMENT, 97-77 QUEENS BLVD REGO PARK, NY 11374		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDSTEIN, MICHAEL C/O SAMSON MANAGEMENT, 97-77 QUEENS BLVD REGO PARK, NY 11374		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAXMAN, MARK Z 235 S COUNTY RD #210 PALM BCH, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS 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, where I am empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/12/06</b> Daytime Phone # <b>(718) 8300131</b>	