2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 08:00 AM **Secretary of State** DOCUMENT # H19782 1. Entity Name PIK 'N RUN, INC. Principal Place of Business Mailing Address 20101 PEACHLAND BLVD. - SUITE #301 20101 PEACHLAND BLVD. - SUITE #301 PORT CHARLOTTE, FL 33954 PORT CHARLOTTE, FL 33954 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 59-2442712 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JOSEPH TISEO 20101 PEACHLAND BLVD. - SUITE #301 IN THIS SPACE PORT CHARLOTTE, FL 33954 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. DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and litle if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE TISEO, ALEX NAME STREET ADDRESS 20101 PEACHLAND BLVD, # 301 CITY-ST-ZIP PORT CHARLOTTE, FL 33954 JOSEPH TISEO U00000399439 02/01/06-80012-018 150.00 MAME 20101 PEACHLAND BLVD, # 301 STREET ADDRESS PORT CHARLOTTE, FL 33954 CITY - ST - ZIP TITLE TISEO, JOSEPH NAME 20101 PEACHLAND BLVD, #301 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP PORT CHARLOTTE, FL 33954 IN THIS SPACE TITLE TISEO, JOSEPH NAME 20101 PEACHLAND BLVD, # 301 STREET ADDRESS

12. Thereby 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PORT CHARLOTTE, FL 33954

FILED