

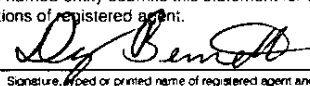
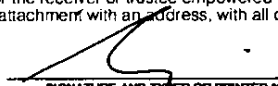


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K19613 1. Entity Name PENY FIRST INVESTMENTS, INC.						FILED 06 APR 10 PM 3:01 	
Principal Place of Business 707 STATE RD SUITE 212 PRINCETON, NJ 08540				Mailing Address 707 STATE RD SUITE 212 PRINCETON, NJ 08540			
2. Principal Place of Business		3. Mailing Address		03272006 Chg-P CR2E034 (11/05)		4. FEI Number 65-0041203	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
6. Name and Address of Current Registered Agent EMO CORPORATE SERVICES INC. 100 NE THIRD AVE SUITE 1100 FT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name CORPORATE ACCESS, Inc. Street Address (P.O. Box Number is Not Acceptable) 236 E. 6th Ave City Tallahassee FL Zip Code 32303			
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 re-registering) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00				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	P YIANILOS, PETER N 215 ARRENTON ROAD PRINCETON, NJ 08540			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400072714694 04/28/06--01029--025 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.				3 4/10/06			
SIGNATURE:  Peter N. Yianilos				3/27/06 609-252-9979			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			