

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93576

Entity Name: PIVON INC.

FILED  
Feb 10, 2006  
Secretary of State

**Current Principal Place of Business:**

PIVON INC  
P.O. BOX 161613  
ALTAMONTE SPRINGS, FL 32716 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161613  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

FEI Number: 59-2918615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, THOMAS JAMES  
521-101 VIA VERONA LANE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: ANDERSON, THOMAS J  
Address: 521-101 VIA VERONA LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP ( ) Delete  
Name: ANDERSON, ROSEMARY P  
Address: 521-101 VIA VERONA LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SEC ( ) Delete  
Name: ANDERSON, TARA J  
Address: 713 SANDY CT #376  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: TARA ANDERSON

SEC

02/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date