

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007852

Entity Name: PI GROUP, INC.

FILED  
May 27, 2005  
Secretary of State

## Current Principal Place of Business:

4560 N. UNIVERSITY DR.  
SUITE D & E, BLDG. 8  
LAUDERHILL, FL 33351

## New Principal Place of Business:

## Current Mailing Address:

3266 W. BUENA VISTA DR.  
MARGATE, FL 33063

## New Mailing Address:

4560 N. UNIVERSITY DR.  
SUITE D & E, BLDG. 8  
LAUDERHILL, FL 33351

FEI Number: 65-1155499      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GRACE, THOMAS J  
3266 W. BUENA VISTA DR.  
MARGATE, FL 33063      US

## Name and Address of New Registered Agent:

GRACE, THOMAS J  
4560 N. UNIVERSITY DR.  
SUITE D & E, BLDG. 8  
LAUDERHILL, FL 33351      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: THOMAS J. GRACE

05/27/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PT      ( ) Delete  
Name: GRACE, THOMAS J.  
Address: 3266 W BUENA VISTA DR  
City-St-Zip: MARGATE, FL 33063

Title: TV      ( ) Delete  
Name: JOHNSON, KATHLEEN  
Address: 3266 W BUENA VISTA DR  
City-St-Zip: MARGATE, FL 33063

Title: TS      (X) Delete  
Name: BERGEY, AMY  
Address: 3266 W BUENA VISTA DR  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT      (X) Change ( ) Addition  
Name: GRACE, THOMAS J.  
Address: 4560 N. UNIVERSITY DR  
City-St-Zip: LAUDERHILL, FL 33351

Title: TV      (X) Change ( ) Addition  
Name: JOHNSON, KATHLEEN  
Address: 4560 N UNIVERSITY DR  
City-St-Zip: LAUDERHILL, FL 33351

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J GRACE

TP

05/27/2005

Electronic Signature of Signing Officer or Director

Date