2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004079

FILED Apr 20, 2006 Secretary of State

Entity Na	me: THIRD PI	_ANET, INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
5200 N. FE	EDERAL HWY					
#2	JDERDALE, FI	33308				
Current IV	lailing Addres	is:	New Mailing Address:			
5200 N. FE #2	EDERAL HWY					
	JDERDALE, FL	_ 33308				
FEI Number: 65-0940668 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	KELL AVE., ST	RED AGENT CORPORATION E. 3000				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	its registered o	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BENJAMIN, DA 728 N.E. 5TH A		Title: Name: Address: City-St-Zip:	D (X) BENJAMIN, DA' PO BOX 160 GATES MILLS,		
Title: Name: Address: City-St-Zip:	D () BENJAMIN, BA 14731 67TH TR	Delete RRY J	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () WORSOE, NIE BAADMANDSTI COPENHAGEN	AEDE 43	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	FARMER, ROB 5200 N. FEDER	Delete ERT RAL HWY SUITE 2 DALE, FL 33308 US	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: Citv-St-Zip:	ECKHART, RAN 2390 KEMPS B		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FARMER 04/20/2006 D