2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059440

Entity Name: PEECC 3RD ENTERPRISE, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
413 SW 9TH CT DELRAY BEACH, FL 33444					
Current Mailing Address:			New Mailing Address:		
413 SW 9TH CT DELRAY BEACH, FL 33444					
FEI Number: 65-1010618 FEI Number Applied For () FEI Num			ber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
HENDERSON, CORNELIUS JR 413 SW 9TH CT DELRAY BEACH, FL 33444 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () HENDERSON, C 413 SW 9TH CC DELRAY BEACH	DURT	Title: Name: Address: City-St-Zip:	() (change()Addition
Title: Name: Address: City-St-Zip:	VPD () HENDERSON, F 413 SW 9TH CO DELRAY BEACH	DURT	Title: Name: Address: City-St-Zip:	2 VP (X) C HENDERSON, PE 413 SW 9TH COL DELRAY BEACH,	JRT
Title: Name: Address: City-St-Zip:	TD () HENDERSON, E 413 SW 9TH CO DELRAY BEACH	DURT	Title: Name: Address: City-St-Zip:	() C	change () Addition
Title: Name: Address: City-St-Zip:	SD () HENDERSON, C 413 SW 9TH CC DELRAY BEACH	DURT	Title: Name: Address: City-St-Zip:	SD (X) C HENDERSON, III, 413 SW 9TH COU DELRAY BEACH,	JRT
Title: Name: Address: City-St-Zip:	DIR. () SAVAGE, CAME PSC 473 BOX FOP, AP 96349	242	Title: Name: Address: City-St-Zip:	()0	change () Addition
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	1 VP () C HENDERSON, AN 413 SW 9TH COU DELRAY BEACH,	JRT

I hereby certify that the information supplied with this filing does not qualify 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: CORNELIUS HENDERSON JR. PD 04/24/2008

Electronic Signature of Signing Officer or Director

Date