2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000076265 1. Entity Name PIERON COMMUNICATIONS, INC. Principal Place of Business 6685 55TH ST. NORTH 370 PINELLAS PARK, FL 33781 Address 6685 PRINCIPAL ST. NORTH 370 PINELLAS PARK, FL 33781

FILED Apr 11, 2008 08:00 A Secretary of State

6685 55TH 370	ST. NORTH 6	eiling Address 685 55TH ST. NORTH 70 INELLAS PARK, FL 33781	** ***				
DO NOT WRITE IN THIS SPAC				02042008 4. FEI Numbe 59-366 5. Certificate	er	Applied For Not Applieds S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERCE, SKIP A 8540 BARDMOOR PLACE LARGO, FL 33777				DO NOT WRITE IN THIS SPACE			
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 Signature typed or printed name of registered agent and little if applicable (NOTE Registered Agent aignature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees	0900008 04/23/0 8 -8	92085 0051-020 15 0. 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PTSD PIERCE, SKIP A 8540 BARDMOOR PLACE PINELLAS PARK, FL 33777 VP WAGNER, RICHARD C 6421 68TH AVE NORTH PINELLAS PARK, FL 33781	CTORS					
THILE NAME STREET ADDRESS DITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP			, , ,		NOT WRI		
THE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP							

12. Thereby 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 of 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 regular or fusion employered 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.

SIGNATURE

SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kichand C. WAGNER

4-4-08

727-224-9644