2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# P01000059510

Entity Name: PIRANHA, INC.

Current Principal Place of Business:

6560 NW 6TH CT.
MARGATE, FL 33063

New Principal Place of Business:

201 E. NORTH AVE.
BONIFAY, FL 32425

Current Mailing Address:

6560 NW 6TH CT.
MARGATE, FL 33063

New Mailing Address:

201 E. NORTH AVE.
BONIFAY, FL 32425

FEI Number: 65-1113290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLEY, PAMELA
6560 NW 6TH CT.
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

HOLLEY, PAMELA
201 E. NORTH AVE.
BONIFAY, FL 32425 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: 05/03/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: HOLLEY, PAMELA
Address: 6560 NW 6TH CT.
City-St-Zip: MARGATE, FL 33063

Title: VD ( ) Delete
Name: GRAY, DAN
Address: 6560 NW 6 CT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: HOLLEY, PAMELA
Address: 201 E. NORTH AVE.
City-St-Zip: BONIFAY, FL 32425

Title: VD (X) Change ( ) Addition
Name: GRAY, DAN
Address: 201 E. NORTH AVE.
City-St-Zip: BONIFAY, FL 32425

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

SIGNATURE: PAMELA HOLLEY PTSD 05/03/2005
Electronic Signature of Signing Officer or Director — Date