2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # P01000081204 1. Entity Name PPP, INC. Principal Place of Business Mailing Address 3243 SW MAPP ROAD 3243 SW MAPP ROAD PALM CITY, FL 34990 PALM CITY, FL 34990 CR2E034 (10/03) 04252004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-3740116 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PATEL, PRIYA DO NOT WRITE 3154 SE MONTE VISTA COURT PORT ST LUCIE, FL 34952 IN THIS SPACE 8. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TITLE PATEL, PRIYA NAME STREET ADDRESS 3154 S E MONTE VISTA COURT PORT ST LUCIE, FL 34952 CITY-ST-ZIP U00000134120 TITLE 04/28/04-80007-014 150.00 PATEL, PRIYA NAME 3154 SE MONTE VISTA COURT STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34952 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREEJ ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

FILED