FILED 2005 FOR PROFIT CORPORATION Apr 18, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P01000085374** 1. Entity Name PPI SERVICE COMPANY Principal Place of Business Mailing Address 1106 RAMBLEBROOK STREET 1106 RAMBLEBROOK STREET MALABAR, FL 32950 MALABAR, FL 32950 04152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3743045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CLARK, SHERRY V 1108 RAMBLEBROOK STREET MALABAR, FL 32950 IN THIS SPACE 3. 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. DATE (NOTE_Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if explicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 U000000313427 18/05-80118-024 150.00 OFFICERS AND DIRECTORS 10. TITLE CLARK, SHERRY V NAME 1106 RAMBLEBROOK STREET STREET ADDRESS CITY-ST-ZIP MALABAR, FL. 32950 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 appeddress, with all other-like empowered.

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NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 324-555-28/5 Capitre Prono #