2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000035278

PEAK CAPITAL CORPORATION



05-10-2007 90025 015 ***150.00

Principal Place of Business 10225 ULMERTON ROAD SUITE 3D

LARGO, FL 33771

Mailing Address

10225 ULMERTON ROAD SUITE 3D LARGO, FL 33771



FILED

May 10, 2007 8:00 am Secretary of State

04262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0656739

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DUBE, DAVID W

10225 ULMERTON ROAD SUITE 3D LARGO, FL 33771			IN THIS SPACE	
	named entity submits this statement for the pricions of registered agent	troose of changing its registered office o	or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent and tale if	applicable (NOTL Registered Agent organ	bire required when revisibleid)	DATE
	E NOW!!! FEE I\$ \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Func Contribution	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUMAR, DAVID W 10225 ULMERTON ROAD SUITE 3D LARGO, FL 33771			
NAME STREET ADORESS DELY-ST-ZIP				
TITLE NAME Street Address City-St-Zip			DO NOT WRITE IN THIS SPACE	
TITLE NAME Street Address City-St-2P				
NTLE NAME STREET ADDRESS CITY-ST-DP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
t2. I hereby o	certify that the information supplied with this fill on this report or suppliemental report is true at	ing coes not qualify for the exemptions	contained in Chapter 11	Florida Statutes. I further certify that the information act as if made under oath, that I am an officer or director.

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or diffection of the corporation or the receiver or frustee 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:

Durch W. Duke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 (727) 536 - 7100

Date Daytine Phone #