


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000076268  
1. Entity Name  
PIANIMALS, INC.



Principal Place of Business      Mailing Address  
1663 BARCELONA WAY      1663 BARCELONA WAY  
WINTER PARK, FL 32789-5614      WINTER PARK, FL 32789-5614



03302005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
61-1419668      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent  
  
ARNOLD, FLORA WAY  
1663 BARCELONA WAY  
WINTER PARK, FL 32789-5614

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing        \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, MARIE
STREET ADDRESS	279 KERRY COURT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	ARNOLD, FLORA WAY
STREET ADDRESS	1663 BARCELONA WAY
CITY-ST-ZIP	WINTER PARK, FL 327895614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000289723  
04/06/05-80037-017 150.00

**DO NOT WRITE IN THIS SPACE**

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: Flora Way Arnold      4/2/2005      407-628-8197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
FLORA WAY ARNOLD