2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P02000108223

Entity Name: PICINK, INC.

Current Principal Place of Business:

3890 TAMIAMI TRAIL
B
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3890 TAMIAMI TRAIL
B
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 65-0873419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLIPATCHUK, KATHERINE
25157 LAHORE LANE
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

SLIPATCHUK, ROMAN
25157 LAHORE LANE
PUNTA GORDA, FL 33983 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: ROMAN SLIPATCHUK 04/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SLIPAT CHUK, KATHERINE
Address: 25157 LAMORE LANE
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: D (X) Delete
Name: SLIPATCHUK, ROMAN
Address: 25157 LAHORE LANE
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: D ( ) Delete
Name: MARINOV, IAVOR
Address: 674 SAXON BLVD.
City-St-Zip: DELTONA, FL 32725 US

Title: D ( ) Delete
Name: WOLOWEC, WOLODIMIR
Address: 9223 GRACE LANE
City-St-Zip: PHILADELPHIA, PA 19115 US

Title: D ( ) Delete
Name: WOLOWEC, VERA
Address: 9223 GRACE LANE
City-St-Zip: PHILADELPHIA, PA 19115 US

Title: S ( ) Delete
Name: MARINOV, KOUNKA
Address: 674 SAXON BLVD.
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SLIPAT CHUK, ROMAN
Address: 25157 LAMORE LANE
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROMAN SLIPATCHUK P 04/22/2005
Electronic Signature of Signing Officer or Director Date