2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000002350

1. Entity Name 2-PI, INC.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90275 028 ***150.00

Principal Place of Business Mailing Address				7	. 4 75	-00			
PO BOX 361453 PO BOX 361453				14010590					
l	MELBOURNE, FL 32936 MELBOURNE, FL 32936					4 3 • •			
l						(BB 1701) BB101 BB101 B2 01) A			
2. Principal Place of Business 855 Livings ton Loop 855 Livings ton Loop			ton Loop						
İ	Suite, Apt. #, etc. Suite, Apt. #, etc.				04102005 Chg-P CR2E034 (10/03)				
	The VI	Mager, FL	City & State Village	s, FL	4. FEI Number 05-05478	364		Applied For Not Applicable	
İ	3216a	Country	Zip 32162	Country	5. Certificate of	Status Desired	□ \$8.75 Fee Red	Additional uired	
Ì	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Į		* A	Name	Name					
	INCORPORATE USA, INC. 1945 LAKE WASHINGTON RD			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE, FL 32934									
			City			7:-	<u></u>		
				City			FL Zip	Code	
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, a the obligations of registered agent.								vith, and accept	
I	(ile congac	ons of registered agent.							
I	SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature requir	red when reinstating)		DATE		
}									
1	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fin								
İ	After Ma	ıy 1, 2005 Fee will be \$550.	00 Trust Fund Contrit	oution. 🗆 Áo	ided to Fees				
Ì	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CI	ANGES TO OFFICE	ERS AND DIRECT	ORS IN 11	
I	TITLE	P	☐ Defete	TITLE			⊠ Char	ige 🔲 Addition	
ļ	NAME	HARVEY, MELVIN		NAME	= 1 luin at	- 1000			
	STREET ADDRESS CITY-ST-ZIP	PO BOX 361453 MELBOURNE, FL 32936		STREET ADDRESS 85.	s Livingsto e Villages	FL 3016	: <i>></i>		
-	TITLE	VP.S	☐ Delete	TITLE	e VIIIuges	, (2 3010	. At Char	nge 🗆 Addition	
1	NAME	HARVEY, VIVIAN C	□ Delete	MANAGE				ige [_] Addition	
	STREET ADDRESS	PO BOX 361453		STREET ADDRESS 85	5 Livings	on Loop			
	CITY-ST-ZIP	MELBOURNE, FL 32936		CITY-ST-ZIP Th	e Villages.	FL 3216.	2		
١	TITLE		☐ Delete	TITLE			☐ Char	nge 🔲 Addition	
l	NAME			NAME					
ļ	STREET ADDRESS			STREET ADDRESS					
	CITY-ST-ZIP			CITY-ST-ZIP		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
-	TITLE		☐ Delete	TITLE			Chan	ge Addition	
-	NAME CTREET ADDRESS			NAME STREET ADDRESS					
1	STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
j									

12. I hereby certify that the information supplied with this filling 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.

πLE

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

☐ Addition

Addition

Change