

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020734

Entity Name: THE PIPER GROUP INC.

FILED  
Jan 05, 2007  
Secretary of State

## Current Principal Place of Business:

8888 WEST HILLSBOROUGH AVE  
TAMPA, FL 33615

## New Principal Place of Business:

## Current Mailing Address:

8888 WEST HILLSBOROUGH AVE  
TAMPA, FL 33615

## New Mailing Address:

FEI Number: 56-2323363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIPER, MICHAEL  
8904 ROCKY CREEK DRIVE  
TAMPA, FL 33615 US

## Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: PIPER, MICHAEL  
Address: 8904 ROCKY CREEK DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete  
Name: RIINA, COREY  
Address: 1039 NORMANDY TRACE  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: MICHAEL PIPER

PRES

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date