



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # P03000087210 |  |
| 1. Entity Name PIPPA J ENTERPRISES, INC | |

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|---|--|
| Principal Place of Business 1520 LATHAM ROAD SUITE 5 WEST PALM BEACH, FL 33409 | Mailing Address P.O. BOX 540247 LAKE WORTH, FL 33454 |
|---|--|

DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

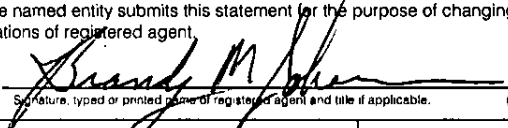
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|---|--------------------------------|
| 4. FEI Number 56-2379343 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JOHANSEN, BRANDY M
1520 LATHAM ROADZ
SUITE 5
WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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: 4-30-07

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, 2007 Fee will be \$550.00

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

U00000754193
05/22/07-80051-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHANSEN, BRANDY M 7100 COLONY CLUB DRIVE APT. 201 LAKE WORTH, FL 33463 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STINGO, ROBERT A 2721 POINTE CIRCLE GREENACRES, FL 33463 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 4-30-07 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR