


**— AMENDED —**

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

<b>DOCUMENT # P03000140019</b> 1. Entity Name <b>PIE CONSTRUCTION INC.</b>						<b>FILED</b> <b>06 MAR 13 AM 11:11</b> CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1010 26TH STREET ORLANDO, FL 32805</b>				Mailing Address <b>1010 26TH STREET ORLANDO, FL 32805</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>20-0431170</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>JN LOUIS, JULIUS G 1815 BALSWOOD CT ORLANDO, FL 32818</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JN CHARLES, RAPHAEL <input type="checkbox"/> Delete 4590 SALINE TERRACE ORLANDO, FL 32808			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOSEPH, MICHEL <input checked="" type="checkbox"/> Delete 4925 LANETTE ST ORLANDO, FL 32811			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>HENSON COOPER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1010 26TH ST</b> <b>ORLANDO, FL 32805</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAVIER, VICTOR <input type="checkbox"/> Delete 1010 26TH STREET ORLANDO, FL 32805			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <i>Raphael Charles</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>3/8/2006</b> <b>407-947-4174</b> <small>Date Daytime Phone #</small>			