## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2007 8:00 am Secretary of State

						- J	
DOCUMENT # P03000156783  1. Entity Name LAPIERRE BROTHERS, INC.						90033 022 ***1	50.00
Principal Plac	e of Business	Mailing Address		1000	58055		
353 ABALONE RD NW		353 ABALONE RD NW		400	00-		
PALM BAY, FL 32907		PALM BAY, FL 32907					
Principal Place of Business - No P.O. Box #		3. Mailing Address			8   <b>  </b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022007	Ch- D	CD2F024 (42)06	,
*				04032007	Chg-P	CR2E034 (12/06	)
City & State		City & State		4. FEI Number			Applied For
				26-0076	066		vot Applicable
Zip	Country	Zip	Country	5. Certificate o	1 Status Desired	□ \$8.75 A	dditional
		15 11 11	<del></del>			Fee Requir	ed
	6. Name and Address of Curren	t Registered Agent	Name	/. Name and A	Address of New R	registered Agent	
LADIEDD	= 10/11   10.04		Name				
	E, WILLIAM ONE RD NW		Street Addre	ss (P.O. Box Number	is Not Acceptable	e)	
	Y, FL 32907				· ·	<u> </u>	=
			ļ				
			City			<b>E</b> ∎ Zip Co	de
<u> </u>						<u> </u>	
	e named entity submits this statement	for the purpose of changing its	registered office or reg	istered agent, or both	, in the State of Flo	orida. I am familiar witi	n, and accept
the obliga	tions of registered agent.						
SIGNATURE.							
SIGNATURE.	Signature typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered Agent signature rec	quired when reinstating)		DATE	
				***************************************			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campai		\$5.00 May Be			
After M	ay 1, 2007 Fee will be \$550	Trust Fund Contr	ibution.	Added to Fees			
10.	OFFICERS ANI	1					
TITLE	<del></del>	D DIRECTORS	11.	ADDITIONS/0	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11
····	&DPST	D DIRECTORS	11.	ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTO	
NAME '	DPST LAPIERRE, WILLIAM	D DIRECTORS  Delete	TITLE	ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTO	
NAME STREET ADDRESS:	LAPIERRE, WILLIAM	#Hitima		ADDITIONS/C	HANGES TO OFF		
l	LAPIERRE, WILLIAM	#Hitima	TITLE NAME	ADDITIONS/C	HANGES TO OFF		
STREET ADDRESS' CITY-ST-ZIP	LAPIERRE, WILLIAM 353 ABALONE RD NW	☐ Delete	NAME STREET ADDRESS CITY-S1-ZIP	ADDITIONS/O	CHANGES TO OFF	☐ Change	Addition
STREET ADDRESS: CITY-ST-ZIP TITLE	LAPIERRE, WILLIAM 353 ABALONE RD NW	#Hitima	NAME SIREET ADORESS CITY-S1-ZIP TITLE	ADDITIONS/C	CHANGES TO OFF		Addition
STREET ADDRESS' CITY-ST-ZIP	LAPIERRE, WILLIAM 353 ABALONE RD NW	☐ Delete	NAME STREET ADDRESS CITY-S1-ZIP	ADDITIONS/C	HANGES TO OFF	☐ Change	Addition
STREET ADDRESS: CITY-ST-ZIP TITLE NAME	LAPIERRE, WILLIAM 353 ABALONE RD NW	☐ Delete	NAME SIREET ADORESS CITY-S1-ZIP TITLE NAME	ADDITIONS/O	HANGES TO OFF	☐ Change	Addition
STREET ADDRESS' CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	LAPIERRE, WILLIAM 353 ABALONE RD NW	☐ Delete	NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	ADDITIONS/O	HANGES TO OFF	☐ Change	☐ Addition
STREET ADDRESS' CITY-ST-ZIP TITLE NAME STREET ADDRESS	LAPIERRE, WILLIAM 353 ABALONE RD NW	☐ Delete	NAME SIREET ADORESS CITY-S1-ZIP TITLE NAME STREET ADORESS	ADDITIONS/O	HANGES TO OFF	☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: WILLIAM LAPIERE 4-9-07 (321)749-3232