2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2006-90037-016-$150.00-$150.00

FILED
06 SEP 27 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000012011

1. Entity Name
PINELLAS NETWORKING GROUP, INC.

Principal Place of Business	Mailing Address
~~9835 SAGO POINT DR.~~ ~~LARGO, FL 33777-4905~~	~~9835 SAGO POINT DR.~~ ~~LARGO, FL 33777-4905~~

07242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1299 Main St.	1299 Main St.
Suite, Apt. #, etc. Suite E	Suite, Apt. #, etc. Suite E
City & State: Dunedin, FL.	City & State: Dunedin FL
Zip: 34698 Country: USA	Zip: 34698 Country: USA

4. FEI Number: 83-0381124 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROVES, WILLIAM D
9835 SAGO POINT DR.
LARGO, FL ~~33777~~-4905

7. Name and Address of New Registered Agent

Name: James D. Lampathakis, PA.
Street Address (P.O. Box Number is Not Acceptable): 1299 Main St. Ste E
City: Dunedin FL Zip Code: 34698

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: [signature] James D. Lampathakis Attorney 9/19/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCALLISTER, DANIEL 2171 WRENS WAY CLEARWATER, FL 33764	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President DANIEL L. BARON 10520 137th St Largo, FL 33778	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] 9/21/06 727 546-7332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 9/27