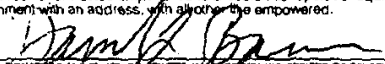


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000012011			
1. Entity Name PINELLAS NETWORKING GROUP, INC.			
Principal Place of Business 9835 SAGO POINT DR. LARGO, FL 33777-4905		Mailing Address 9835 SAGO POINT DR. LARGO, FL 33777-4905	
2. Principal Place of Business 1299 Main St. Suite, Apt. #, etc. Suite E		3. Mailing Address 1299 Main St. Suite, Apt. #, etc. Suite E	
City & State Dunedin, FL		City & State Dunedin, FL	
Zip 34698		Zip 34698	
Country USA		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. - Suite 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:  James D. Lampathakis Attorney		DATE: 9/19/06	
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. 807.193(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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 the empowered.			
SIGNATURE: 		DATE: 9/21/06 7:37 PM 546-7352	

FILED

06 SEP 27 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07242006 Chg-P CR2E034 (11/05)

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