2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080881

Entity Name: PENNY WISE INVESTMENT INC

FILED Jul 12, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
9720 94TH ST N SEMINOLE, FL 33777				
Current Mailing Address:			New Mailing Address:	
9720 94TH SEMINOLE	ST N , FL 33777			
FEI Number:	55-0873275	FEI Number Applied For () FEI Nun	nber Not Applicable()	Certificate of Status Desired (X)
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:
BAUTISTA, RUDY D 9720 94TH ST N SEMINOLE, FL 33777 US				
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.				
SIGNATURE:				
	Electro	nic Signature of Registered Agent		Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D (BAUTISTA, RU 9720 94TH ST SEMINOLE, FL	N	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (BAUTISTA, LU 9720 94TH ST SEMINOLE, FL	N	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D (RAMOS, ISMA 8348 WRENS\ LARGO, FL 33	WAY PASS	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (RAMOS, IREN 8348 WRENS\ LARGO, FL 33	WAY PASS	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TANAWAN, RIZ	OREST WAY W	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	TANAWAN, ISA	DREST WAY W	Title: Name: Address: City-St-Zip:	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISMAELA B. RAMOS

D 07/12/2005

SIGNATURE: ISMAELA B. RAMOS

Electronic Signature of Signing Officer or Director

Date