2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90162 037 ***150.00

DOCUMENT # P04000109365

1. Entity Name
PIE SQUARED, INC.

Principal Place of Business	Mailing Address
303 E ALTAMONTE DR 1060 ALTAMONTE SPRINGS, FL 32701 US	303 E ALTAMONTE DR 1060 ALTAMONTE SPRINGS, FL 32701 US

04092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-3161747 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAUNDERS, STEPHEN 1153 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS, FL 32714	Name Saunders, Stephen Street Address (P.O. Box Number is Not Acceptable) 624 Renaissance Pointe, #207 City Altamonte Springs FL Zip Code 32714

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 ____________________

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SAUNDERS, STEPHEN 1153 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS, FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Saunders, Stephen 624 Renaissance Pointe, #207 Altamonte Springs, FL 32714 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SAUNDERS, CHRISTINA 1153 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS, FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Saunders, Christina 624 Renaissance Pointe, #207 Altamonte Springs, FL 32714 ☒ 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: Christina Saunders, Christina Saunders 4-11-07 407-834-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #