

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90024 043 ***558.75

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08282006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000003818 1. Entity Name P & E FUTURES GROUP, INC.					
Principal Place of Business 4132 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685			Mailing Address 4132 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685		
2. Principal Place of Business 10640 Pontofino Cir Suite, Apt. #, etc.		3. Mailing Address 10640 Pontofino Cir Suite, Apt. #, etc.			
City & State Trinity, FL Zip 34655		City & State Trinity, FL Zip 34655		4. FEI Number 20-2085735	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, MARY A 4132 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent Name Taylor, Mary A Street Address (P.O. Box Number is Not Acceptable) 10640 Pontofino Cir City Trinity FL Zip Code 34655		
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 <u>Mary A Taylor</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>8-29-06</u>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, MARY A 4132 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, JESSE F 4132 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Mary A Taylor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8-29-06</u> Daytime Phone # <u>727 463-2203</u>		