

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000014369

1. Entity Name
PPKN, INC.



**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90396 022 ***150.00

40057533



04152006 Chg-P CR2E034 (11/05)

Principal Place of Business
P.O. BOX 881692
PORT ST LUCIE, FL 34988

Mailing Address
P.O. BOX 881692
PORT ST LUCIE, FL 34988

2. Principal Place of Business
809 NW Greenwich Ct.

3. Mailing Address
809 NW Greenwich Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pt. St. Lucie, FL

City & State
Pt. St. Lucie, FL

Zip 34983 Country St. Lucie

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4. FEI Number
51-0534815

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PETRUFF, PHYLLIS
809 NW GREENWICH COURT
PORT ST LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME PETRUFF, GEORGE L
STREET ADDRESS P.O. BOX 881692
CITY-ST-ZIP PORT ST LUCIE, FL 34988

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P
 Change Addition
809 NW Greenwich Ct.
Pt. St. Lucie, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

P

Change Addition

Phyllis Petruff
809 NW Greenwich Court
Pt. St. Lucie, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

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: *George L. Petruff* P George L. Petruff 4/20/06 772 418-6436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #