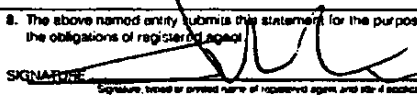
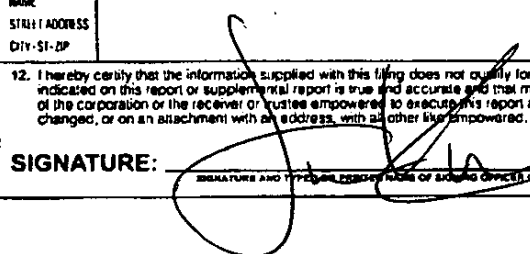


FILED
Jul 24, 2006 8:00 am
Secretary of State

05-02-2006 90269 001 ***600.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000039338			
1. Entity Name PINEAPPLE COURT, INC.			
Principal Place of Business 1616 NE 3RD COURT FORT LAUDERDALE, FL 33301		Mailing Address 1616 NE 3RD COURT FORT LAUDERDALE, FL 33301	
2. Principal Place of Business 301 NE 16th Terrace Suite, Apt. #, etc.		3. Mailing Address 301 NE 16th Terrace Suite, Apt. #, etc.	
City & State Ft Lauderdale FL		City & State Ft Lauderdale FL	
Zip 33301		Zip 33301	
Country USA		Country USA	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBSON, DANIEL A 901 S. FEDERAL HIGHWAY SUITE 201 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name: John K. Kuchner Street Address (P.O. Box Number is Not Acceptable): 301 NE 16th Terrace City: Ft. Lauderdale FL Zip: 33301	
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: 		DATE: 4/28/06	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President ☐ Delete NAME: John K. Kuchner STREET ADDRESS: 301 NE 16th Terrace CITY-STATE-ZIP: Ft. Lauderdale FL 33301		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-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: 		DATE: 7/19/06 954732 3663	