2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000053357

1. Entity Name

PIPELINNING TECHNOLOGIES, INC.



FILED
Mar 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

945 BRIARWOOD DRIVE WEST PALM BEACH, FL 33415 Mailing Address

945 BRIARWOOD DRIVE WEST PALM BEACH, FL 33415



DO NOT WRITE IN THIS SPACE

02142007 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0312186

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, MICHAEL H 945 BRIARWOOD DRIVE WEST PALM BEACH, FL 33415 DO NOT WRITE

	ions of registered agent.			_,		oth, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and title if E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			\$5.00 May Be	DATE
10.	OFFICERS AND DIREC	TORS	6 <i>t</i> 2	1,71,	ala barrel research	symbolise generally the shorter got open
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WILSON, MICHAEL H 945 BRIARWOOD DRIVE WEST PALM BEACH, FL 33415		- 1	•		and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PALMER, JAY 945 BRIARWOOD DRIVE WEST PALM BEACH, FL 33415		4	. · . · .	The state of the s	00000663460 03/22/07-80005-005 150.0
TITLE NAME STREET ADDRESS				•	on the state of the	NOT WRITE

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 or an attachment with an address, with all other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

WANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~ Up

3-2-07

-561-661-497