FILED
May 11, 2006 8:00 am
Secretary of State
04-24-2006 90399 043 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000058131

1. Entity Name
PINEAPPLE FIELDS, INC.

Principal Place of Business	Mailing Address
1616 NE 3RD CT FT LAUDERDALE, FL 33301	1616 NE 3RD CT FT LAUDERDALE, FL 33301

66015948

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1217 SE 1ST AVE		1217 SE 1ST AVE	
Suite, Apt. #, etc.: SUITE #2		Suite, Apt. #, etc.: SUITE #2	
City & State: FORT LAUDERDALE, FL		City & State: FORT LAUDERDALE, FL	
Zip: 33316	Country: USA	Zip: 33316	Country: USA

4. FEI Number: 030559285 ☐ 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 HWY STE 201
FT LAUDERDALE, FL 33316

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: PATERSON, TERENCE STREET ADDRESS: 1217 SE 1ST AVE CITY-ST-ZIP: FT LAUDERDALE, FL 33316	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: CHAPMAN, JUDD STREET ADDRESS: 1217 SE 1ST AVE CITY-ST-ZIP: FT LAUDERDALE, FL 33316	☐ 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: TERENCE PATERSON 04-20-2006 (954) 5321049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #