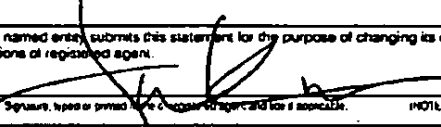
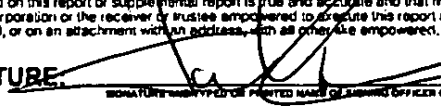


FILED
Jul 24, 2006 8:00 am
Secretary of State

05-02-2006 90269 001 ***600.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000104649			
1. Entity Name PINEAPPLE WALK, INC.			
Principal Place of Business 1217 SE 1ST AVE. FT. LAUDERDALE, FL 33316		Mailing Address 1217 SE 1ST AVE. FT. LAUDERDALE, FL 33316	
2. Principal Place of Business 301 NE 16th Terrace		3. Mailing Address 301 NE 16th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. Lauderdale FL		City & State FT. Lauderdale FL	
Zip 33301		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 HWY SUITE 201 FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name John Kirchner Street Address (P.O. Box Number is Not Acceptable) 301 NE 16th Terrace City & State 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 Signature, typed or printed name of registered agent and for if applicable. (NOTE: Registered Agent signature required when reappointing)			
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 President John Kirchner 301 NE 16th Terrace FT. LAUD. FL 33301		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ 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 		Date 7/19/06 9547323663 Signature must be typed or printed name of signing officer or director	