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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.

66022141

Principal Place of Business	Mailing Address
1217 SE 1ST AVE. FT. LAUDERDALE, FL 33316	1217 SE 1ST AVE. FT. LAUDERDALE, FL 33316

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
301 NE 16th Terrace	301 NE 16th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33301 Country: USA	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	7. Name and Address of New Registered Agent
JACOBSON, DANIEL A 901 S. FEDERAL HWY SUITE 201 FT. LAUDERDALE, FL 33316	Name: John Kirchner Street Address (P.O. Box Number is Not Acceptable): 301 NE 16th Terrace City: Ft. Lauderdale FL Zip Code: 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 [signature] 4/28/06
Signature, typed or printed name of new 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	President John Kirchner 301 NE 16th Terrace Ft Laud. FL 33301 ☐ 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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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: [signature] 7/19/06 954732-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #