

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 A
Secretary of State

DOCUMENT # P05000116526 1. Entity Name PINK INTERNATIONAL, INC.	
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Principal Place of Business 11912 NICKLAUS CIRCLE TAMPA, FL 33624	Mailing Address 11912 NICKLAUS CIRCLE TAMPA, FL 33624
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0267747	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCAGLIONE, JANET DR.
11912 NICKLAUS CIRCLE
TAMPA, FL 33624

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000764640
 05/31/07-80004-007 300.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCAGLIONE, JANET DR. 11912 NICKLAUS CIRCLE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCAGLIONE, JANET DR. 11912 NICKLAUS CIRCLE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. SCAGLIONE, PETER JR. 11912 NICKLAUS CIRCLE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Janet Scaglione Date: 4/28/07 Daytime Phone #: (813) 263 4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR