

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000123535

1. Entity Name

PINEAPPLE GROVE DESIGNS, INC.



Principal Place of Business

**530 MIDDLE ROAD
GULF STREAM, FL 33483**

Mailing Address

**530 MIDDLE ROAD
GULF STREAM, FL 33483**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2684460

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**O'HARE, CHRISTOPHER F
530 MIDDLE ROAD
GULF STREAM, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10.

OFFICERS AND DIRECTORS

TITLE

P

NAME

O'HARE, CHRISTOPHER F

STREET ADDRESS

530 MIDDLE ROAD

CITY-ST-ZIP

GULF STREAM, FL 33483

TITLE

VP

NAME

O'HARE, SHELLEY

STREET ADDRESS

530 MIDDLE ROAD

CITY-ST-ZIP

GULF STREAM, FL 33483

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**U00000608781
02/01/07-80024-013 150.00**

**DO NOT WRITE
IN THIS SPACE**

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:

SHELLEY O'HARE VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

Date

861-588-8920

Daytime Phone #