

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90030 050 \*\*\*150.00

<b>DOCUMENT # P06000042759</b> 1. Entity Name <b>PIZON COMPUTER CONSULTING, INC.</b>					
Principal Place of Business <b>885 MONTEGO DR W PALM BCH, FL 33415</b>			Mailing Address <b>885 MONTEGO DR W PALM BCH, FL 33415</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 15912</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>West Palm Beach, FL</b> Zip      Country <b>33416      USA</b>		4. FEI Number <b>20-4574389</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>EVE PIZON</b> Street Address (P.O. Box Number is Not Acceptable) <b>885 monte go drive</b> City <b>West Palm Beach</b> FL Zip Code <b>33415</b>		
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  <b>EVE PIZON</b> DATE <b>2/20/07</b> <small>Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PIZON, EVE <input type="checkbox"/> Delete 885 MONTEGO DR W PALM BCH, FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>EVE PIZON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/20/07</b> Daytime Phone # <b>(561) 346 2297</b>		

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