

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90035 011 ***150.00

DOCUMENT # P06000046024

1. Entity Name
PIXIUM PARTNERS, INC.



Principal Place of Business 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762 US	Mailing Address 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762 US
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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

04172007 Chg-P CR2E034 (12/06)

4. FEI Number

20-4598174

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

**MORRIS, GREGORY D
2325 ULMERTON ROAD
SUITE 20
CLEARWATER, FL 33762**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if 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 NAME STREET ADDRESS CITY - ST - ZIP	COOD MUZAFFER, REHAN 420 N MCKINLEY RD, SUITE 111-442 CORONA, CA 92879	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BULLARD, PAUL 2325 ULMERTON ROAD, SUITE 20 CLEARWATER, FL 33762	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BULLARD, FRED 2325 ULMERTON ROAD CLEARWATER, FL 33762	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB BULLARD, FRED 2325 ULMERTON ROAD CLEARWATER, FL 33762	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MORRIS, GREG 2325 ULMERTON ROAD CLEARWATER, FL 33762	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Bullard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 727-576-6424