


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P06000069471</b><br>1. Entity Name<br>PENGUIN CODERS INC. |  |
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| Principal Place of Business<br>1212 E WHITING ST<br>UNIT 301<br>TAMPA, FL 33602 | Mailing Address<br>1212 E WHITING ST<br>UNIT 301<br>TAMPA, FL 33602 |
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04252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br>57-1236575 | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>CORPORATE CREATIONS NETWORK, INC.<br>11380 PROSPERITY FARMS ROAD #221E<br>PALM BEACH GARDENS, FL 33410 |
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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 4/27/2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LAZARIDIS, STEVE<br>1212 E WHITING ST UNIT 301<br>TAMPA, FL 33602 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| <p>U000000335841<br/>05/28/08-80043-021 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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:  Steve Lazaridis 4/27/2008 813 495 6092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #