

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000096318

**FILED**  
**Oct 04, 2007**  
**Secretary of State****Entity Name:** EURO PINNACLE RIDGE, INC.**Current Principal Place of Business:**4300 WEST CYPRESS STREET  
SUITE 1075  
TAMPA, FL 33607 US**New Principal Place of Business:****Current Mailing Address:**4300 WEST CYPRESS STREET  
SUITE 1075  
TAMPA, FL 33607 US**New Mailing Address:****FEI Number:** 20-5308297      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**AMEURCO MANAGEMENT, INC.  
4300 WEST CYPRESS STREET  
SUITE 1075  
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** P      ( ) Delete  
**Name:** VAN DER EEMS, DIRK  
**Address:** 4300 WEST CYPRESS STREET, SUITE 1075  
**City-St-Zip:** TAMPA, FL 33607 US**Title:** EVP      ( ) Delete  
**Name:** SPIKER, MICHAEL E  
**Address:** 4300 WEST CYPRESS STREET, SUITE 1075  
**City-St-Zip:** TAMPA, FL 33607 US**Title:** S      ( ) Delete  
**Name:** MOBACH, MICHAEL  
**Address:** 4300 WEST CYPRESS STREET, SUITE 1075  
**City-St-Zip:** TAMPA, FL 33607 US**Title:** T      ( ) Delete  
**Name:** SPIKER, MICHAEL E  
**Address:** 4300 WEST CYPRESS STREET, SUITE 1075  
**City-St-Zip:** TAMPA, FL 33607 US**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P      (X) Change ( ) Addition  
**Name:** VAN OMMEN, NICK  
**Address:** 4300 WEST CYPRESS STREET, SUITE 1075  
**City-St-Zip:** TAMPA, FL 33607 US**Title:** EVP      (X) Change ( ) Addition  
**Name:** MARTOJO, TOM  
**Address:** 4300 WEST CYPRESS STREET, SUITE 1075  
**City-St-Zip:** TAMPA, FL 33607 US**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP      (X) Change ( ) Addition  
**Name:** WILKIE, MARK S  
**Address:** 4300 WEST CYPRESS STREET, SUITE 1075  
**City-St-Zip:** TAMPA, FL 33607 US**Title:** S      ( ) Change (X) Addition  
**Name:** WILKIE, MARK S  
**Address:** 4300 WEST CYPRESS ST SUITE 1075  
**City-St-Zip:** TAMPA, FL 33607 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S WILKIE

VP

10/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date