

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90039 050 ***150.00

DOCUMENT # P06000123663 1. Entity Name PIERRY CORP.					
Principal Place of Business 10140 REFLECTIONS BLVD. WEST APT. 207 SUNRISE, FL 33351 US			Mailing Address 10140 REFLECTIONS BLVD. WEST APT. 207 SUNRISE, FL 33351 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2642 CHERRY LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT F1-1			
City & State		City & State BETHLEHEM, PA			
Zip	Country	Zip 18015-9536	Country	4. FEI Number 20-5035287	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERRY, EDWARD R III 10140 REFLECTIONS BLVD. WEST APT. 207 SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PIERRY, EDWARD R III 10140 REFLECTIONS BLVD. WEST SUNRISE, FL 33351	<input type="checkbox"/> Delete			
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date		Daytime Phone #

40044843



03032008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable