



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000126740 1. Entity Name PYRAMID INNOVATIONS, INC.						FILED 07 OCT -9 PM 4: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4115 AUDUBON OAKS CIRCLE APT 101 LAKE LAND, FL 33809				Mailing Address P.O. BOX 2548 EATON PARK, FL 33840			
2. Principal Place of Business - No P.O. Box # 110 Victoria Manor Loop Suite, Apt. #, etc. Apt 109		3. Mailing Address Suite, Apt. #, etc.		 REINSTATEMENT 10052007 REIN-P CR2ED98 (1/07)			
City & State Lakeland FL.		City & State					
Zip 33805		Country U.S.					
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CROFT, CARLTON R 4115 AUDUBON OAKS CIRCLE APT. 101 LAKE LAND, FL 33809		7. Name and Address of New Registered Agent Name Croft, Carlton R. Street Address (P.O. Box Number is Not Acceptable) 110 Victoria Manor Loop APT 109 City Lakeland FL Zip Code 33805					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROFT, CARLTON R 4115 AUDUBON OAKS CIRCLE APT. 101 LAKE LAND, FL 33809			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200110526342 10/09/07--01023--003 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KELL, DANNY L 259 JONES ROAD AUBURNDAL, FL 33823			<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	VP ALLEN, ROY 905 HART LAKE COURT WINTER HAVEN, FL 33884			<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		
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		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/14/07 863 665-0742 <small>Date Daytime Phone #</small>			