


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

| | |
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| DOCUMENT # P92000003267 |  |
| 1. Entity Name P. T. E., INC. | |

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| Principal Place of Business 5817 PARK ST NORTH #411 SAINT PETERSBURG, FL 33709 | Mailing Address PO BOX 11891 ST PETERSBURG, FL 33733 |
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01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3150577 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BERGER, TODD E 810 63RD AVE NORTH SAINT PETERSBURG, FL 33702 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | 000000868555 04/09/08-80014-006 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOFFREDI, THOMAS 5817 PARK ST #411 SAINT PETERSBURG, FL 33709 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOFFREDI, ELSA 5817 PARK ST # 411 SAINT PETERSBURG, FL 33709 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOFFREDI, PETER 5817 PARK ST # 411 SAINT PETERSBURG, FL 33709 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:  PETER LOFFREDI | 3-18-08 (727) | 536-6578 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |