

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003267

Entity Name: P. T. E., INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

5817 PARK ST NORTH #411
SAINT PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

PO BOX 11891
ST PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-3150577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, TODD E
810 63RD AVE NORTH
SAINT PETERSBURG, FL 33702 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOFFREDI, THOMAS
Address: 5817 PARK ST #411
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: LOFFREDI, ELSA
Address: 5817 PARK ST # 411
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: LOFFREDI, PETER
Address: 5817 PARK ST # 411
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER LOFFREDI

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date