

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000081557</b>				<b>Secretary of State</b>		
1. Entity Name PJP INVESTMENTS, INC.						
Principal Place of Business 26212 MADRAS COURT CHARLOTTE HARBOR, FL 33983		Mailing Address 200 S. ORANGE AVE. C/O WILLIAM M. SEIDER SARASOTA, FL 34236				
<b>DO NOT WRITE IN THIS SPACE</b>						
				04162004    No Chg-P    CR2E034 (10/03)		
		4. FEI Number 65-0463626		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  SEIDER, WILLIAM M 1550 RINGLING BLVD. SARASOTA, FL 34236		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD PALMER, PHILIP J. 26212 MADRAS CT CHARLOTTE HARBOR, FL					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____		4/19/04		941-764-4055		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		