2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

FILED May 01, 2008 08:00 AN Secretary of State **DOCUMENT # P93000081557** 1. Entity Name PJP INVESTMENTS, INC. Principal Place of Business Mailing Address 26212 MADRAS COURT 26212 MADRAS COURT CHARLOTTE HARBOR, FL 33983 CHARLOTTE HARBOR, FL 33983 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0463626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEIDER, WILLIAM M DO NOT WRITE 1550 RINGLING BLVD. SARASOTA, FL 34236 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U00000941425 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/28/08-80106-014 150.00 10. OFFICERS AND DIRECTORS **PVSD** TITLE PALMER, PHILIP J. STREET ADDRESS 26212 MADRAS CT CITY-ST-ZIP CHARLOTTE HARBOR, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of the statute empowered by except the tries propriate required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the propriate and of the propriate and t

NTED NAME OF EIGHING OFFICER OR DIRECTOR