


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90073 008 \*\*\*150.00

<b>DOCUMENT # P94000019008</b>			
1. Entity Name <b>JOAN PELLERIN, INC.</b>			
Principal Place of Business 4250 A1A SOUTH G31 SAINT AUGUSTINE, FL 32080		Mailing Address P.O. BOX 860058 SAINT AUGUSTINE, FL 32086	
2. Principal Place of Business - No P.O. Box # <i>2744 Suncoast Lakes Blvd.</i>		3. Mailing Address <i>2744 Suncoast Lakes Blvd.</i>	
Suite, Apt. #, etc. <i>Blvd.</i>		Suite, Apt. #, etc. <i>Blvd.</i>	
City & State <i>Port Charlotte, FL</i>		City & State <i>Port Charlotte, FL</i>	
Zip <i>33980</i>	Country <i>USA</i>	Zip <i>33980</i>	Country <i>USA</i>
4. FEI Number <b>59-3224704</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DIORIO, JOAN P</b> 4250 A1A SOUTH G31 SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name <i>DiIorio, Joan P.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2744 Suncoast Lakes Blvd.</i> City <i>Port Charlotte</i> <b>FL</b> Zip Code <i>33980</i>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIORIO, JOAN P 4250 A1A SOUTH, UNIT G31 SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2744 Suncoast Lakes Blvd.</i> <i>Port Charlotte, FL 33980</i>
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
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: <i>Joan P. DiIorio</i>		Date <i>5-1-07</i> Daytime Phone # <i>941-628-8473</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Joan P. DiIorio</i>			