

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90006 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000061206 1. Entity Name PIPS HOLDINGS, INC.					
Principal Place of Business 1001 3RD AVE W SUITE 700 BRADENTON, FL 34205 US			Mailing Address 1001 3RD AVE SUITE 700 BRADENTON, FL 34205 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0523067	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAMS, TREVOR 2331 63RD AVE E SUITE L BRADENTON, FL 34203				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 ratifying) Signature typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMS, TREVOR PRIMROSE HOUSE DOWN HILL TOTNES DEVON TQ9 5ES ENGLAND,	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMS, SUE PRIMROSE HOUSE DOWN HILL TOTNES DEVON TQ9 5ES ENGLAND,	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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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:  CFO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 01/23/06 Date		

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01202006 Chg-P CR2E034 (11/05)

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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Date **01/23/06**
Date