2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

12. I hereby certify that the informatindicated on this report or supply of the corporation of the re-

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # P94000070387 PIEKU ENTERPRISES, INC. Principal Place of Business Mailing Address 2503 S KIRKMAN RD 2503 S KIRKMAN RD ORLANDO, FL 32811 ORLANDO, FL 32811 US 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3298413 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent EHLERS, PETER DO NOT WRITE 2503 S KIRKMAN ROAD ORLANDO, FL 32811 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE EHLERS, PETER NAME 2503 S KIRKMAN ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 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

ion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lemental 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 or or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED