


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000057488
 1. Entity Name
 P.I.C.S. CORP.



Principal Place of Business 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 US	Mailing Address 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3329603	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

DOBIESZ, NORMAN R
 2150 WHITFIELD INDUSTRIAL WAY
 STE 100
 SARASOTA, FL 34243

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOBIESZ, NORMAN
STREET ADDRESS	2150 WHITFIELD INDUSTRIAL WAY
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	SVP
NAME	GRECO, SAMUEL A
STREET ADDRESS	2150 WHITFIELD INDUSTRIAL WAY
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	ST
NAME	DOBIESZ, MAUREEN
STREET ADDRESS	2150 WHITFIELD INDUSTRIAL WAY
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/16/07-80011-017 150.00

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: *Norman R. Dobiesz* Date: 4/24/07 Daytime Phone #: 941-727-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR