2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

PENSION PROFILE, INC.	
Principal Place of Business 287 DRIFTWOOD RD SE ST PETERSBURG FL 33705 US	Mailing Address P.O. BOX 208 ST PETERSBURG FL 33731 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

Signature, typed or printed name of registered agent and title if applicable.

FILED

UNIFORM BUSIN DOCUMENT # P960 1. Entity Name PENSION PROFILE, INC.	ESS REPOR 00104233	T (UBR)	Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90329 009 ***150.00			
Principal Place of Business 287 DRIFTWOOD RD SE ST PETERSBURG FL 33705 US	Mailing Address P.O. BOX 208 ST PETERSBURG FL 337: US	31				
2. Principal Place of Business	3. Mailing Address		-	1 1021/1001 10 10110 2111 00111 00111 00111 10111 00111 01111 01111 01111 01111 11111 11110 11110 11111 1001		
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State City & State			4. FEI Number 59-3431238	Applied For Not Applicable		
Zip Country	Zip	Country		8.75 Additional ee Required		
6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent			
SHEFFIELD, B.J. 287 DRIFTWOOD ROAD SE ST PETERSBURG FL 33701			Street Address (P.O. Box Number is Not Acceptable)			
		City	FL Zip	Code		
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its	s registered office or register	red agent, or both, in the State of Florida. 1 am familiar	with, and accept		

, Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.		May Be
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11
NAME STREET ADDRESS	P SHEFFIELD, B.J. 287 DRIFTWOOD RD SE ST PETERSBURG FL 33705	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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(NOTE: Registered Agent signature required when reinstating)

12. I hereby certify that the information 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 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.

727-821-4754