2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059135

Title:

Name:

Address:

City-St-Zip:

FERREIRA, AUGUSTO

195 S. WESTMONTE DR.

ALTAMONTE SPRINGS, FL 32714

FILED Jan 04, 2006 Secretary of State

Entity Nai	ne: PINHOU	ISE INC.						
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
SUÍTE G	ESTMONTE D ITE SPRINGS		US					
Current Mailing Address:				New Maili	New Mailing Address:			
HUNTERS	CA CIRCLE CREEK D, FL 32837							
FEI Number:	59-3462005	FEI Numbe	r Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
HUNTERS ORLANDO The above	o, FL 32837 to named entity e of Florida.		statement for the p	ourpose of changing i	ts registere	d office or registered agent, or b	oth,	
	Electro	nic Signature	of Registered Ag	ent		Date		
Election Car	npaign Financir	ng Trust Fund (Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO (DE BIEDMA, J 3418 AMACA (ORLANDO, FL	CIRCLE		Title: Name: Address: City-St-Zip:	P DE BIEDMA 3418 AMAC ORLANDO,	A CIRCLE		
Title: Name: Address: City-St-Zip:	SEC (DE BIEDMA, L 3418 AMACA (ORLANDO, FL	CIRCLE		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	Р () Delete		Title:	CFO	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

FERREIRA, AUGUSTO

195 S. WESTMONTE DR.

ALTAMONTE SPRINGS, FL 32714

Name:

Address:

City-St-Zip:

SIGNATURE: OFFICER/DIRECTOR SIGNATURE Ρ 01/04/2006