

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000059135

**FILED**  
**Jan 04, 2006**  
**Secretary of State**

**Entity Name:** PINHOUSE INC.

**Current Principal Place of Business:**

195, S. WESTMONTE DR.  
SUITE G  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

3418 AMACA CIRCLE  
HUNTERS CREEK  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 59-3462005      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE BIEDMA, LUCIA  
3418 AMACA CIRCLE  
HUNTERS CREEK  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: DE BIEDMA, JUAN  
Address: 3418 AMACA CIRCLE  
City-St-Zip: ORLANDO, FL 32837

Title: SEC ( ) Delete  
Name: DE BIEDMA, LUCIA  
Address: 3418 AMACA CIRCLE  
City-St-Zip: ORLANDO, FL 32837

Title: P ( ) Delete  
Name: FERREIRA, AUGUSTO  
Address: 195 S. WESTMONTE DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DE BIEDMA, JUAN  
Address: 3418 AMACA CIRCLE  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: FERREIRA, AUGUSTO  
Address: 195 S. WESTMONTE DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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.

SIGNATURE: OFFICER/DIRECTOR SIGNATURE

P

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date