2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

Country Zip Country Secretificate of Status Desired Secretificat	1. Entity Nam	MENT # P97000099 PING CORP.				04-26-2005	901440	46 ***15	50.00	
Suite, Apt. #, etc. Suite, Ad	871 WEST O	AKLAND PARK BLVD	2419 E COMMERCIAL BLVD STE 100			 	:	H BY 18 18 18 18 18 18 18 18 18 18 18 18 18	(/ .	
City & State Country Country Country S. Certificate of Status Desired S. Ref. Address of New Registered Agent 7. Name and Address of New Registered Agent Name BLODIG, GREGORY JESQ GREENSPOON, MARDER, HIRSCHFELD, ET AL. 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a signature, head or printed name of ring stored agent and rear applicable. INDIE Registered Agent signature recovers when remaining) After May 1, 2005 Fee will be \$550.00 SIGNATURE DERILLO, JAMES SITERI ADDRESS SITERI ADDRESS SITERI ADDRESS SITERI ADDRESS SITERI ADDRESS SITERI ADDRESS CITY-SI-2P FORT LAUDERDALE, FL 33308 CITY-SI-2P FORT LAUDERDALE, FL 33308 TITLE OF Change ITILE OF Change TITLE OF CRITICAL DERDALE, FL 33308 TITLE COMMERCIAL BLVD STE 100 SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-SI-2P FORT LAUDERDALE, FL 33308 CITY-SI-2P TITLE OF CRITICAL DERDALE, FL 33308 CITY-SI-2P TITLE OF CRITICAL DERDALE, FL 33308 CITY-SI-2P TITLE OF CREEDS TITLE OF CREEDS TITLE OF Change TITLE TO Change TITL	2. Principal P	lace of Business	3. Mailing Address							
Country Zip Country St. Certificate of Status Desired \$8.75 Additiona Fee Required	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03282005	Chg-P	CR2E0	34 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLODIG, GREGORY J ESQ GREENSPOON, MARDER, HIRSCHFELD, ET AL. 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a rine obligations of registered agent. SIGNATURE Signature. Present or printed name of rog stored agent and title if applicable. INDIE Registered Agent signature regulated when remastere) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INVERTIBLE COMMERCIAL BLVD STE 100 SIREET ADDRESS CITY-ST-2P FORT LAUDERDALE, FL 33308 OTH-ST-2P URL NAME LAMBERT, DANIEL NAME ANAME SIREET ADDRESS CITY-ST-2P OFFICERS AND STE 100 SIREET ADDRESS CITY-ST-2P OFFICERS AND STE 100 SIREET ADDRESS CITY-ST-2P OFFICERS AND STE 100 SIREET ADDRESS CITY-ST-2P OFFICERS AND DIRECTORS NAME NAME ANAME SIREET ADDRESS CITY-ST-2P OFFICERS AND DIRECTORS NAME ANAME SIREET ADDRESS CITY-ST-2P OFFICERS AND DIRECTORS NAME NAME ANAME SIREET ADDRESS CITY-ST-2P OFFICERS AND DIRECTORS NAME NAME ANAME SIREET ADDRESS CITY-ST-2P OFFICERS AND DIRECTORS NAME NAME NAME ANAME SIREET ADDRESS CITY-ST-2P OFFICERS AND DIRECTORS NAME NAME NAME NAME OFFICERS AND DIRECTORS NAME NAME NAME OFFICERS AND DIRECTORS NAME OFFICERS AND DIRECTORS NAME OFFICERS AND DIRECTORS NAME NAME OFFICERS AND DIRECTORS NAME OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS NAME OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFF	City & State					i	196		<u>-</u>	plied For t Applicable
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired			
BLODIG, GREGORY J ESQ GREENSPOON, MARDER, HIRSCHFELD, ET AL. 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309 City FL Zip Code 8. The above named antity 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 a state office or registered agent, or both, in the State of Florida. I am familiar with, and a state office or registered agent, or both, in the State of Florida. I am familiar with, and a state office or registered agent, or both, in the State of Florida. I am familiar with, and a state office or registered agent, or both, in the State of Florida. I am familiar with, and a state office or registered agent, or both, in the State of Florida. I am familiar with, and a state office or registered agent, or both, in the State of Florida. I am familiar with, and a state office or registered agent, or both, in the State of Florida. I am familiar with, and a state o										-
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent. SIGNATURE Signature. Reporter of perinded name of registered agent and other applicable. [NDTE Registered Agent signature required when remissaring] PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. S\$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INTEREST ADDRESS 2419 E COMMERCIAL BLVD STE 100 STREET ADDRESS 2419 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE, FL 33308 CITY-ST-ZIP ITILE D D Delete TITLE D DELET TITLE C Change TITLE D DELET TITLE C Change TITLE D DELET TITLE D DELET TITLE C Change TITLE D DELET TITLE C Change TITLE T T T T T T T T T T C C T T	GREENSP	OON, MARDER, HIRSCHFEL								
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 a state of registered agent. Signature					City				Zip Codi	
SIGNATURE Signature, typed or printed name of registered agent and bleaf applicable. (NOTE: Registered Agent signature recorded when remalating) DATE			ed office or register	ed agent, or both,	in the State of Flo					
### FILE NOW!!! FEE IS \$150.00 ### S550.00 ### S5.00 May Be Added to Fees 10.	SIGNATURE_									
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TITLE HAME STREET ADDRESS CITY-ST-ZIP 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 does not give any accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction in 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 direction in 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 direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effect as if made under oath; that I am an officer or direction is the same legal effe	NAME STREET ADDRESS CITY+ST-ZIP	ertify that the information appolled with		MAMI STRE CITY	E ET ADDRESS - ST-ZIP	otion 110 07/07/0	Elogido Characa	f. usha		Addition

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: \(\frac{\kappa}{2}\)

ATURIAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

954-630-9469