


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000007619 1. Entity Name PINEY-Z DEVELOPMENT, INC.	
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Principal Place of Business 1002 W 23RD ST, SUITE 400 PANAMA CITY, FL 32405	Mailing Address 1002 W 23RD ST, SUITE 400 PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3487284	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J
1002 W 23RD ST, SUITE 400
PANAMA CITY, FL 32405

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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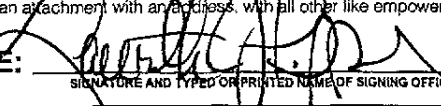
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHAPMAN, JOSEPH F IV 1002 W 23 ST, SUITE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT BARR, JIMMY D 1002 W 23 ST, SUITE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PIPPIN, LAURETTA J 1002 W 23 ST, SUITE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPMAN, JOSEPH F III 1002 W 23 ST, SUITE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Lauretta J. Pippin, Secretary	4/20/06 Date	(850) 769-8981 Daytime Phone #
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