

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90076 043 ***150.00

DOCUMENT # P98000056499			
1. Entity Name PINSONIC INVESTMENTS, INC.			
Principal Place of Business 11 AVE. DE LA MER UNIT 1107 PALM COAST, FL 32137-2258		Mailing Address 11 AVE. DE LA MER UNIT 1107 PALM COAST, FL 32137-2258	
2. Principal Place of Business 112 CLUBHOUSE Drive		3. Mailing Address 112 CLUBHOUSE Drive	
Suite, Apt. #, etc. # 203-C		Suite, Apt. #, etc. # 203-C	
City & State PALM COAST, FL		City & State PALM COAST, FL	
Zip 32137	Country FLAGLER	Zip 32137-3897	Country FLAGLER
4. FEI Number 59-3513666		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINSON, RICK R 11 AVE. DE LA MER UNIT #1107 PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name RICK R. PINSON Street Address (P.O. Box Number is Not Acceptable) 112 CLUBHOUSE DR. # 203-C City PALM COAST FL Zip Code 32137	
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 <i>RICK R. PINSON</i>		SIGNATURE <i>Rick R. Pinson</i> DATE <i>3-17-2005</i>	
Signature, typed or printed name of registered agent and if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME PINSON, RICK R STREET ADDRESS 11 AVE. DE LA MER CITY-ST-ZIP PALM COAST, FL 321372258	<input type="checkbox"/> Delete	TITLE P NAME RICK R. PINSON STREET ADDRESS 112 CLUBHOUSE DR., # 203-C CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP NAME KATHLEEN Q. PINSON STREET ADDRESS 112 CLUBHOUSE DR., # 203-C CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Rick R. Pinson</i>		SIGNATURE: <i>RICK R. Pinson</i> DATE: <i>3-17-05</i> (386) 446-5794	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	