FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90233 029 ***150.00

2	UUB	FUK	PKC)	COP	KPU.	KATI	UN
		A	NNU	AL I	REP	ORT	1	

DOCUMENT # P98000061073 THE PINEWALK GROUP CORP. Principal Place of Business Mailing Address **5625 WALKING STICK LANE 5625 WALKING STICK LANE** WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3522346 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSKOS, JACK Street Address (P.O. Box Number is Not Acceptable) 5625 WALKING STICK LANE WESLEY CHAPEL, FL 33543 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE □ Addition Delete ☐ Change TITLE TORBETT-MOSKOS, JOAN M NAME NAME STREET ADDRESS 5625 WALKING STICK LANE STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-ZIP CITY-ST-ZIP VST ☐ Delete TITLE ☐ Change Addition TITLE MOSKOS, JACK P NAME NAME STREET ADDRESS STREET ADDRESS 5625 WALKING STICK LANE CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-7IP Change TITLE ☐ Addition ☐ Delete TITLE NAME MOSKOS, JEFFREY P NAME STREET ADORESS STREET ADDRESS 5625 WALKING STICK LANE CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE . TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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 ampowered. JOAN M. TurbeTT-Muskos