

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA 8000069344
 1. Entity Name
M. R. PELLETIER INC.



DO NOT WRITE IN THIS SPACE

40084878

2. Principal Place of Business
1101 PINELLAS BAYWAY
 Suite, Apt. #, etc.
UNIT 406
 City & State
TERRA VERDE FL.
 Zip
33715 Country
USA

3. Mailing Address
1101 PINELLAS BAYWAY
 Suite, Apt. #, etc.
UNIT 406
 City & State
TERRA VERDE FL.
 Zip
33715 Country
USA

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4. FEI Number
59-3527159 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
MARK PELLETIER
 Street Address (P.O. Box Number is Not Acceptable)
1101 PINELLAS BAYWAY UNIT 406
 City
TERRA VERDE FL Zip Code
33715

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>PRESIDENT</u> <u>MARK PELLETIER</u> <u>1101 PINELLAS BAYWAY #406</u> <u>TERRA VERDE FL 33715</u>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 7-18-07 727 460 0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)