2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 24, 2007 08:00 AM **DOCUMENT # P98000079463 Secretary of State** PINE ISLAND EXC. CO. Principal Place of Business Mailing Address 4527 LAKE HEATHER CIR **4527 LAKE HEATHER CIR** ST JAMES CITY, FL 33956 ST JAMES CITY, FL 33956 07022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0868739 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WENSINK, WILLIAM A DO NOT WRITE 4527 LAKE HEATHER CIR ST JAMES CITY, FL 33956 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. U00000770357 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE WENSIAK, WILLIAM A NAME STREET ADDRESS 4527 LAKE HEATHER CIR CITY-ST-ZIP SAINT JAMES CITY, FL 33956 THLE DEUTSCH, STEVEN NAME STREET ADDRESS 11910 POMPANO AVE CITY-ST-ZIP CAPE CORAL, FL 11910 TITLE NAME WENSINK, JE STREET ADDRESS **4527 LAKE HEATHER CIR** DO NOT WRITE CITY-ST-ZIP SAINT JAMES CITY, FL 33956 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/07 239-7700296
Date Daytime Phone #

FILED