

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031905

FILED
Apr 08, 2006
Secretary of State

Entity Name: PELLECHOU ENTERPRISES, INC.

Current Principal Place of Business:

2750 BAHIA VISTA
SUITE 108
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2750 BAHIA VISTA
SUITE 108
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0924558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, LINDA K
4536 FRIAR TUCK LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ERICKSON, LINDA K
Address: 4536 FRIAR TUCK LANE
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: ERICKSON, MAYNARD
Address: 4536 FRIAR TUCK LN
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: CARON, JENNIFER
Address: 37 HILLSIDE CIRCLE
City-St-Zip: ESSEX JUNCTION, VT 05452

Title: T () Delete
Name: ERICKSON, THOMAS J
Address: OGINSKIO 1-11
City-St-Zip: VILNIUS LITHUANIA 2040,

Title: BM () Delete
Name: CARON, JAMIE
Address: 37 HILLSIDE CIRCLE
City-St-Zip: ESSEX JUNCTION, VT 05452

Title: BM () Delete
Name: ERICKSON, AUSRA
Address: OGINSKIO 1-11
City-St-Zip: VILNUS, LITHUANIA 2040,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYNARD E. ERICKSON

VP

04/08/2006

Electronic Signature of Signing Officer or Director

Date