2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031905

SIGNATURE: LINDA K.ERICKSON

Electronic Signature of Signing Officer or Director

Entity Name: PELLECHOUD ENTERPRISES, INC.

FILED Jul 02, 2007 Secretary of State

07/02/2007

Date

DIR

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2750 BAHIA VISTA SUITE 108 SARASOTA, FL 34239					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2750 BAHIA VISTA SUITE 108 SARASOTA, FL 34239					
FEI Number:	65-0924558	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
ERICKSON, LINDA K 4536 FRIAR TUCK LANE SARASOTA, FL 34232 US					
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:					
	Electroni	c Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D () ERICKSON, LINI 4536 FRIAR TUC SARASOTA, FL	CK LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ERICKSON, MAY 4536 FRIAR TUC SARASOTA, FL	CK LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CARON, JENNIF 37 HILLSIDE CIF ESSEX JUNCTIO	RCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () ERICKSON, THO OGINSKIO 1-11 VILNIUS LITHUA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BM () CARON, JAMIE 37 HILLSIDE CIR ESSEX JUNCTIO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BM () ERICKSON, AUS OGINSKIO 1-11 VILNUS, LITHUA		Title: Name: Address: City-St-Zip:	() Change () Addition	
I hereby certify that the information supplied with this filing does not qualify 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.					