2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90340 015 ***150.00

DOCUMENT # P99000091348

1. Entity Name
PRINCIPAL INVESTMENT CORP.

Principal Place of Business	Mailing Address
1992 BONNIE CT DUNEDIN, FL 34698	1992 BONNIE CT DUNEDIN, FL 34698

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6137 Rockross Ave	6137 Rockross Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey FL	City & State: New Port Richey FL
Zip: 34655 Country: Pasco	Zip: 34655 Country: Pasco

4. FEI Number: 59-3604088 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAX ACCOUNTING & RESEARCH INC
1992 BONNIE CT
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name: Richard A. Bolek
Street Address (P.O. Box Number is Not Acceptable): 6137 Rockross Ave
City: New Port Richey FL Zip Code: 34655

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] Richard A. Bolek, Pres 4/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOLEK, RICHARD 1992 BONNIE CT DUNEDIN, FL 34698 ☐ Delete	☒ Change ☐ Addition 6137 Rockross Ave New Port Richey FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JONES, LAWRENCE 1992 BONNIE CT. DUNEDIN, FL 34698 ☐ Delete	☒ Change ☐ Addition 6137 Rockross Ave New Port Richey FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: [signature] Richard A. Bolek Pres 4/21/06 7279393333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #