


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90195 011 \*\*\*150.00

<b>DOCUMENT # P99000103560</b> 1. Entity Name <b>PPS EQUITIES, INC.</b>					
Principal Place of Business <b>1000 NORTH FEDERAL HIGHWAY POMPAN0 BEACH, FL 33062</b>			Mailing Address <b>1000 NORTH FEDERAL HIGHWAY POMPAN0 BEACH, FL 33062</b>		
2. Principal Place of Business <b>4250 N. Federal Hwy.</b>		3. Mailing Address <b>4250 N. Federal Hwy.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Lighthouse Point, FL</b>		City & State <b>Lighthouse Point, FL</b>		4. FEI Number <b>65-0964966</b>	
Zip <b>33064</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF ORLANDO 300 S ORANGE AVE, STE 1000 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTA SMITH, PHILIP P <input type="checkbox"/> Delete 1000 NORTH FEDERAL HIGHWAY POMPAN0 BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P-T-AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DAYHOFF, MICHAEL R <input type="checkbox"/> Delete 1000 NORTH FEDERAL HIGHWAY POMPAN0 BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4250 N. Federal Hwy. Lighthouse Point, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael R. Dayhoff</u> <span style="float: right;">VP</span>			Date: <u>4/27/05</u> (954) 867-1234		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

MICHAEL R. DAYHOFF