2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 10, 2007 8:00 am Secretary of State 05-10-2007 90027 015 ***150.00 **DOCUMENT # J49276** 1. Entity Name PINEBROOK MANOR, INC. 40110000 Principal Place of Business Mailing Address PINEBROOK MANOR, INC. PINEBROOK MANOR, INC. 28059 U.S. Hwy 19 N., Ste. 302 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 Clearwater, FL 33761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 04162007 Chg-P CR2E034 (12/06) PINEBROOK MANOR, INC. PINEBROOK MANOR, INC. 28059 U.S. Hwy 19 N., Ste. 302 28059 U.S. Hwy 19 N., Ste. 302 4. FEI Number Applied For Clearwater, FL 33761 Clearwater, FL 33761 59-2749685 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PINEBROOK MANOR, INC. GENTILE, MICHAEL L 28059 U.S. Hwy 19 N., Ste. 302 29656 US HWY 19N SUITE 100 Clearwater, FL 33761 CLEARWATER, FL 33761 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. С TITLE TITI F Delete ☐ Change Addition NAME MINIERI, CARL NAME 28059 U.S. Hwy 19 N., Stc. 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Clearwater, FL 33761 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME GENTILE, MICHAEL L HAME 28059 U.S. Hwy 19 N., Ste. 302 STREET ADDRESS STREET ADDRESS Clearwater, FL 33761 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MINIERI, CARL N NAME NAME 28059 U.S. Hwy 19 N., Ste. 302 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33761 Delete TITLE ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachm with all other like empowered ChRILHAN

GNING OFFICER OR DIRECTO

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