## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50161

e: PINE STREET PARTNERS, INC.

FILED May 19, 2006 Secretary of State

Entity Name: PINE STREET PARTNERS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
4651 GOERGIA HWY 111 N OCHLOCKNEE, GA 31773 US	4651 GEORGIA HIGHWAY 111 N. OCHLOCKNEE, GA 31773 US
Current Mailing Address:	New Mailing Address:
701 BRICKELL AVE STE 3000 MIAMI, FL 33131 US	
FEI Number: 65-0176404 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	
INTRASTATE REGISTERED AGENTS CORPORATI 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 331313209 US	ON
The above named entity submits this statement for the in the State of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered A	Agent Date
In accordance with s. 607.193(2)(b), F.S., the corporation did Election Campaign Financing Trust Fund Contribution ( ).	not receive the prior notice.

Title:

## **OFFICERS AND DIRECTORS:**

( ) Delete

PSD

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

ADAMS, AUGUSTUS H.,, III ADAMS, AUGUSTUS H.,, III Name: Name: 4651 GEORGIA HWY 111 N. Address: 4651 GEORGIA HWY 111N. Address: City-St-Zip: OCHLOCKNEE, GA 31773 City-St-Zip: OCHLOCKNEE, GA 31773 Title: () Delete Title: ( ) Change (X) Addition Name:

 Name:
 Name:
 ALEXANDER, TYRONE

 Address:
 Address:
 4651 GEORGIA HWY 111 N.

 City-St-Zip:
 City-St-Zip:
 OCHLOCKNEE, GA 31773

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: AUGUSTUS ADAMS PD 05/19/2006