

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076957

FILED
Apr 24, 2006
Secretary of State

Entity Name: PEBI SERVICES, INC.

Current Principal Place of Business:

1880 NE 163 ST
2ND FL
N MIAMI BEACH, FL 33162

New Principal Place of Business:

14501 SW 96 AVE
MIAMI, FL 33176

Current Mailing Address:

1880 NE 163 ST
2ND FL
N MIAMI BEACH, FL 33162

New Mailing Address:

14501 SW 96 AVE
MIAMI, FL 33176

FEI Number: 65-1038073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, ANTHONY G JR.
3275 W. HILLSBORO BLVD.
SUITE 207
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEARNS, TYRA
Address: P.O. BOX 561772
City-St-Zip: PINECREST, FL 33256

Title: D () Delete
Name: HEARNS, MICHAEL
Address: P.O. BOX 561772
City-St-Zip: PINECREST, FL 33256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TYRA HEARNS

D

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date