

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90046 035 ***150.00



DOCUMENT # P96000066311
 1. Entity Name
PBA SECRETARIAL & CONSULTING SERVICES, INC.

Principal Place of Business
**814 BEACH TRL
 UNIT D
 INDIAN ROCKS BEACH, FL 33785**

Mailing Address
**P O BOX 1018
 INDIAN ROCKS BEACH, FL 33785**

2. Principal Place of Business - No P.O. Box #
 Suite (Apt. #) etc.
D

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

Barcode
 02282007 Chg-P CR2E034 (12/06)
 4. FEI Number
59-3398394
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANDREWS, PAMELA B
 814 BEACH TRAIL UNIT D
 INDIAN ROCKS BEACH, FL 33785**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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: *Pamela Andrews* DATE: **4/2/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PVPS ANDREWS, PAMELA B P O BOX 1018 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Pamela B. Andrews* **PAMELA B. ANDREWS** 3/1/07 (727) 517-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #