


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000002857 1. Entity Name THE PEBBLES CORPORATION	
---	---

Principal Place of Business 550 BILTMORE WAY STE 970 MIAMI, FL 33134	Mailing Address 550 BILTMORE WAY STE 970 MIAMI, FL 33134
---	---



05042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1878092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEEBLES, R. D 550 BILTMORE WAY STE 970 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GRINMM, DANIEL 550 BILTMORE WAY #970 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GASKELL, JUDITH 550 BILTMORE WAY #970 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000564102
05/20/06-80046-002 1100.00

**DO NOT WRITE
IN THIS SPACE**

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 it 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:  **5/7/06**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #