
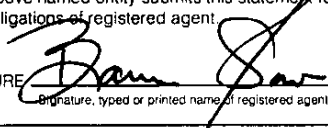



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90029 011 ****70.00

DOCUMENT # 705010 1. Entity Name PENTLAND HALL OF DADE COUNTY, INC.					
Principal Place of Business 2075 IXORA RD. NORTH MIAMI, FL 33181				Mailing Address 2075 IXORA RD. NORTH MIAMI, FL 33181	
2. Principal Place of Business 13511 NE 24 COURT		3. Mailing Address 13511 NE 24 COURT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NO MIAMI FL		City & State NO MIAMI FL		4. FEI Number 59-0991547	
Zip 33181		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, KAY 2075 IXORA RD. NORTH MIAMI, FL 33181				7. Name and Address of New Registered Agent Name BARRIE SANO Street Address (P.O. Box Number is Not Acceptable) 13511 NE 24 COURT NO MIAMI City NO MIAMI FL Zip Code 33181	
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  BARRIE SANO DATE 5/10/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KING, KAY 2075 IXORA RD. NORTH MIAMI, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRETBART, DORIS 1080 94 ST, APT 511 BAY HARBOR, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SANO, BARRIE 1351 NE 24 CT. N. MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHAPELLE, CATHERINE 7260 SW 148 CT MIAMI, FL 33193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHAPELLE, CATHERINE 7260 SW 148 CT MIAMI, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEEKS BARBARA 13207 SW 87 TERR MIAMI FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 617, 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: 			DATE 5/10/06 DAYTIME PHONE # 305-773-2023		