2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2008 8:00 am **Secretary of State DOCUMENT #853880** 1. Entity Name 02-21-2008 90026 019 ***150.00 PINE BROOK LAKES, INC. Principal Place of Business Mailing Address 3125 MONTGOMERY HWY STE 116 PO BOX 531158 BIRMINGHAM, AL 35209 BIRMINGHAM, AL 35253-1158 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1820 28th Avenue S. P.O. Box 590005 Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Birmingham, 63-0754808 Not Applicable <u>Homewood, Al</u> Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired 35209 USA 35259-0005 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHELL, THURSTON A. 226 S. PALAFOX STREET, 7TH FL. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32598 Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE Change ☐ Addition NAME KENNEDY, CARTER S. NAME STREET ADDRESS 3125 MONTGOMERY HWY STREET ADDRESS 1820 28th Avenue S. #A CITY-ST-ZIP BIRMINGHAM, AL CITY-ST-ZIP Birmingham, AL 35209 VSD Change TITLE ☐ Delete TITLE ☐ Addition O'SULLIVAN, I. L., JR. NAME NAME 601 ST PATRICK CR STREET ADDRESS STREET ADDRESS 1820 28th Avenúe S. #A CITY-ST-ZIP BIRMINGHAM, AL CITY-ST-7IP Birmingham, AL 35209 TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE. ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 particular 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 truttee empowered. 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 a line risk empowered.

FILED

205-803-4300