
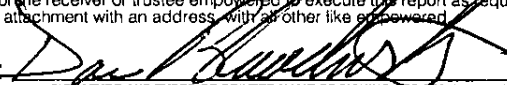


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90014 004 ***558.75

DOCUMENT # F05000003111					
1. Entity Name PINNACLE BUSINESS SOLUTIONS, INC.					
Principal Place of Business 515 W. PERSHING BLVD. NORTH LITTLE ROCK, AR 72114			Mailing Address 515 W. PERSHING BLVD. NORTH LITTLE ROCK, AR 72114		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 27-0111456	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATLEY, ROLAN 550 WATER STREET, 11TH FLOOR JACKSONVILLE, FL 32202			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE C NAME ALLEN, SHARON K STREET ADDRESS 601 GAINES ST. CITY-ST-ZIP LITTLE ROCK, AR 72201	<input type="checkbox"/> Delete		TITLE D NAME Dorris Robinson-Gardner STREET ADDRESS 875 Williams Blvd #1705 CITY-ST-ZIP Ridgeland, MS 39157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VC NAME WHITE, MARK STREET ADDRESS 601 GAINES ST. CITY-ST-ZIP LITTLE ROCK, AR 72201	<input type="checkbox"/> Delete		TITLE D NAME Charles Stewart STREET ADDRESS 400 W Capitol CITY-ST-ZIP Little Rock, AR 72201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WHILLOCK, CARL S STREET ADDRESS 101 CLAREMORE COURT CITY-ST-ZIP LITTLE ROCK, AR 72227	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Charles G. Clem STREET ADDRESS 515 W Pershing Blvd CITY-ST-ZIP North Little Rock, AR 72114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BLAKELY, CAROLYN STREET ADDRESS 2105 MT. VERNON COURT CITY-ST-ZIP PINE BLUFF, AR 71603	<input type="checkbox"/> Delete		TITLE T NAME Dan Bloodworth STREET ADDRESS 515 W Pershing Blvd CITY-ST-ZIP North Little Rock, AR 72114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME ROBERTSON, DENNIS STREET ADDRESS 515 W. PERSHING BLVD. CITY-ST-ZIP NORTH LITTLE ROCK, AR 72114	<input type="checkbox"/> Delete		TITLE S NAME Janie Fenton STREET ADDRESS 515 W Pershing Blvd CITY-ST-ZIP North Little Rock, AR 72114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME FAVORS, REGINA H STREET ADDRESS 515 W. PERSHING BLVD. CITY-ST-ZIP NORTH LITTLE ROCK, AR 72114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: 			Date: 7/6/06 501-210-9105		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					