2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J49276 05-22-2008 90013 040 ***150.00 PINEBROOK MANOR, INC. Principal Place of Business Mailing Address 28059 .S. HWY 19 N. 28059 .S. HWY 19 N. STE 302 STE 302 CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 04152008 Chg-P CR2E034 (12/06) 36370 U.S. Hwy 19 N. 36370 U.S. Hwy 19 N.-4. FEI Number Applied For Palm Harbor, FL. Palm Harbor, FL. 59-2749685 Not Applicable 34684 **USA** 34684 USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GENTILE MICHAELL PINEBROOK MANOR, INC. Minieri, Carl N 28059 .S. HWY 19 N., STE 302 36370 U.S. Hwy 19 N. CLEARWATER, FL 33761 Palm Harbor, Fl 34684 Zip Code 8. The above named entity ent for the purpose of changing its registered the obligations of registe SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CARL A. MINIERI **★** Change ☐ Addition TITLE ☐ Detete TITLE NAME MINIERI, CARL NAME 36370 U.S. Hwy 19 N. STREET ADDRESS 28059 S. HWY 19 N., STE 302 STREET ADDRESS CLEARWATER, FL 33761 CITY-ST-ZIP Palm Harbor, FL 34684 CHY-ST-ZIP Delete TITLE ☐ Change Addition TIBLE NAME GENTILE, MICHAEL L NAME STREET ADDRESS 28059 S. HWY 19 N., STE 302 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP Change ☐ Addition Defete Minieri, Carl N MINIERI, CARL N NAME NAME 28059 S. HWY 19 N., STE 302 STREET ADDRESS STREET ADDRESS 36370 U.S. Hwy 19 N. CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP Palm Harbor, Fl 34684 ☐ Change Addition TITLE Delete TITLE S/T NAME NAME STREET ADDRESS STREET ADDRESS Malave, Marianne CITY-ST-ZIP CITY-ST-ZIP 36370 U.S. Hwy 19 N. Change ☐ Addition TITLE ☐ Delete HHE Palm Harbor, FL 34684 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP 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:

FILED May 22, 2008 8:00 am

Secretary of State

15