2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 11, 2008 08:00 A Secretary of State DOCUMENT # K07271 1. Entity Name . P.B.M. INVESTMENTS, INC. Principal Place of Business Mailing Address 1470 STACI DR. 1470 STACI DR. GREENSBORO, GA 30642 GREENSBORO, GA 30642 US 04082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2859849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent SCHNEIDER, RETO J DO NOT WRITE 371 19TH ST ATLANTIC BEACH, FL 32233 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 UUUUUUBH BAR Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 04/23/08-80045-009 | 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE COURTER, STARR NAME STREET ADDRESS 1470 STACI DR. GREENSBORO, GA 30642 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 appears 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 truetee 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:

CITY-ST-ZIP

STREET ADDRESS
GITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGN

ING OFFICER OR DIRECTOR

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Daytime Phone #