

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # K13231 1. Entity Name P. B. H., INC.				April 12, 2006 08:00 AM Secretary of State	
Principal Place of Business % HENRYETTA L WILBER 734 UPLAND ROAD W. PALM BCH, FL 33401		Mailing Address % HENRYETTA L WILBER 734 UPLAND ROAD W. PALM BCH, FL 33401			
DO NOT WRITE IN THIS SPACE				04062006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 60-2211679	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILBER, HENRYETTA L 734 UPLAND RD W. PALM BCH, FL 33401				DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		11000001504371 04/26/06-80068-024 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PT WILBER, HENRYETTA L. 734 UPLAND ROAD WEST PALM BEACH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VS LUCAS, BETH W 1981 CORSICA AVE WELLINGTON, FL 33414			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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: <u>Henryetta L Wilber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/7/06</u> <u>561-832-3732</u> <small>Date Daytime Phone #</small>	