


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90168 024 \*\*\*150.00

<b>DOCUMENT # L88193</b>	
1. Entity Name <b>PABLO CENTER BUILDING, INC.</b>	

Principal Place of Business <b>415 PABLO AVE N JACKSONVILLE BEACH FL 32250 US</b>	Mailing Address <b>PO BOX 50127 JACKSONVILLE BEACH FL 32240 US</b>
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1st MOORE CR2E034 (10/05)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>415 Pablo Ave N.</b> Suite, Apt. #, etc.
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City & State <b>Jacksonville Beach, FL</b>	City & State <b>Jacksonville Beach, FL</b>
Zip <b>32250</b>	Country <b>US</b>

4. FEI Number <b>59-3019665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NICHOLSON, WILLARD B. 4348 SOUTHPOINT 3660 SUITE 100 JACKSONVILLE FL 32216</b>	
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7. Name and Address of New Registered Agent	
Name <b>Dennis Allen</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>415 Pablo Ave N.</b>	
City <b>Jacksonville Beach</b>	FL Zip Code <b>32250</b>

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 *Dennis Allen* (NOTE: Registered Agent signature required when reinstating) DATE 4/25/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EKSTROM, BRUCE K.</b> <b>107 LINKS RD</b> <b>MARTHASVILLE MO</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SPDC</b> <b>MESSERLIE, CAROL</b> <b>201 TWELVE OAKS LANE</b> <b>PONTE VEDRA BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCIER, ROBERT P.</b> <b>15 ONEIDA ROAD</b> <b>ACTON MA</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOLODZIEJ, DEBORAH</b> <b>19 FAIRVIEW DR</b> <b>SOUTHBOROUGH MA</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCIER, NANCY</b> <b>109 CANNON COURT WEST</b> <b>PONTE VEDRA BEACH, FL. 32082</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Carol Messerlie* **4-26-06** **904-285-7568**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #