

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000013571</b>		
1. Entity Name PB PROPERTY MANAGEMENT, INC.		
Principal Place of Business 2683 ST JOHNS BLUFF RD S 155 JACKSONVILLE, FL 32246	Mailing Address 2683 ST JOHNS BLUFF RD S 155 JACKSONVILLE, FL 32246	
<b>DO NOT WRITE IN THIS SPACE</b>		
		04122006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3624740		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
HEEKIN, T. GEOFFREY ESQ. ONE INDEPENDENT DRIVE, STE 2200 JACKSONVILLE, FL 32202		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSOURI, SAFA M 85 NICOLE LN ATLANTIC BEACH, FL 32233	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANSOURI, VAFA 14402 PELICAN BAY CT JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: 		4/15/06 904 642-2603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #