


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000025773		
1. Entity Name PCB ACQUISITION CORP.		

FILED
06 JUN 26 PM 2: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 312 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316	Mailing Address 312 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1165 NW 55th St.
City & State	City & State Fort Lauderdale, FL
Zip	Zip 33309

4. FEI Number 65-0990046		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 PALMER, CHARLES 312 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALMER, CHARLES 312 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UNDERWOOD, ROBERT 312 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGONIAD, R. DAVID 312 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLEITES, RAYMOND 312 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316 <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition JAC/28
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 400077094524 07/06/06--01060--022 **300.00
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 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:  6/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #