2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000046375

1. Entity Name
PINEHILL CAPITAL PARTNERS, INC.

Principal Place of Business	Mailing Address
1700 S MACDILL AVE 260 TAMPA, FL 33629	1700 S MACDILL AVE 260 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3643907	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARTIN L
1700 S MACDILL AVENUE
STE 260
TAMPA, FL 33629

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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing ☐   **$5.00** May Be
   Trust Fund Contribution.   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	GARCIA, MARTIN L
STREET ADDRESS	1700 S MACDILL AVE STE 260
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	VP
NAME	HAAG, MYRNA GARCIA
STREET ADDRESS	1700 S. MACDILL AVENUE #260
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/20/06-80023-004   150.00

DO NOT WRITE IN THIS SPACE

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: _____   1/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #