2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # P01000007300** 1. Entity Name PFG ON 39TH AVENUE, INC. Principal Place of Business Mailing Address 213 SW 132ND TER 9200 NW 39TH AVENUE **UNIT 100** NEWBERRY, FL 32669 GAINESVILLE, FL 32605 CR2E034 (11/05) 03292007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3699107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE D'ALTO, PAUL 213 SW 132ND TER NEWBERRY, FL 32669 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000722337 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 05/02/07-80028-014 150.00 10. OFFICERS AND DIRECTORS PS TITLE D'ALTO, PAUL NAME STREET ADDRESS 213 SW 132ND TER CITY-ST-7IP NEWBERRY, FL 32669 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 attackment with an address, with all other like empowered.

SIGNATURE: Date

CITY-ST-ZIP

Daytime Phone #