

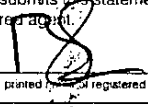
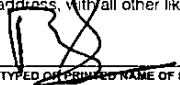


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90012 011 \*\*\*150.00

<b>DOCUMENT # P01000031797</b> 1. Entity Name <b>PNS BUSINESS INC.</b>					
Principal Place of Business <b>5903 NW FAVIAN AVE. PT. ST. LUCIE, FL 34986</b>			Mailing Address <b>5903 NW FAVIAN AVE. PT. ST. LUCIE, FL 34986</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>03062006 Chg-P CR2E034 (11/05)</span> <div style="text-align: right;">  </div> </div>					
4. FEI Number <b>65-1093645</b>				<input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
<b>PATEL, CHANDRESH 5903 NW FAVIAN AVE. PT. ST. LUCIE, FL 34986</b>			Name <b>PATEL BAKUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5903 N.W. FAVIAN AVE.</b> City <b>PORT ST. LUCIE</b> <b>FL</b> Zip Code <b>34986</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  DATE <b>3/6/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PATEL, BAKUL</b> <b>5903 NW FAVIAN AVE.</b> <b>PT. ST. LUCIE, FL 34986</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5833 N.W. SOUTH COLUM CIRCLE</b> <b>PORT ST. LUCIE FLORIDA 34986</b> <b>OFFICER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PATEL SHILPA</b> <b>5833 N.W. SOUTH COLUM CIRCLE</b> <b>PORT ST. LUCIE, FLORIDA 34986</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PATEL, CHANDRESH</b> <b>5903 NW FAVIAN AVE.</b> <b>PT. ST. LUCIE, FL 34986</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: 			<b>3/6/06</b> <b>772.778.3822</b> <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					