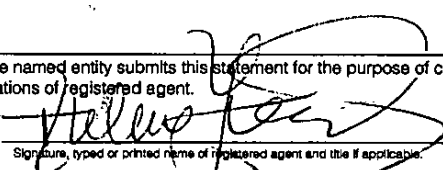
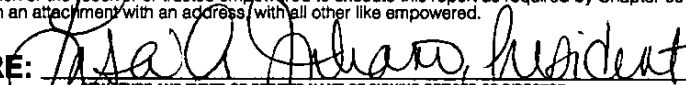


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90025 037 ***158.75

DOCUMENT # R01G00058607 1. Entity Name PEBBLESTONE ACADEMY, INC.					
Principal Place of Business 1200 SE CUTOFF ROAD STUART, FL 34994			Mailing Address 1200 SE CUTOFF ROAD STUART, FL 34994		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1111803	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JULIANO, LISA A 1200 SE CUTOFF RD STUART, FL 34994				7. Name and Address of New Registered Agent Name Helen Fernandez Street Address (P.O. Box Number Is Not Acceptable) 1200 SE Cutoff Road City Stuart FL Zip Code 34994	
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 2/24/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$450.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	DP JULIANO, LISA A 5751 SW MAPP RD PALM CITY, FL 34990 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JULIANO, SALLY ANN 5835 SW MAPP ROAD PALM CITY, FL 34990 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Fernandez, Helen 5835 SW MAPP Rd Palm City FL 34990 ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JULIANO, NATALIE 5825 SW MAPP RD PALM CITY, FL 34990 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JULIANO, LUCY 5835 SW MAPP RD PALM CITY, FL 34990 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			Date 2/23/06 Daytime Phone # 77-463-0012		