


2006 FOR PROFIT CORPORATION ANNUAL REPORT (ARI)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000013218 1. Entity Name PBAC CONSULTANTS, INC.	
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Principal Place of Business 4816 NW 2ND AVENUE BOCA RATON FL 33431	Mailing Address 4816 NW 2ND AVENUE BOCA RATON FL 33431
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 02-0543313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNOLL, GARY 4816 NW 2ND AVENUE BOCA RATON FL 33431

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

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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PS GARY, KNOLL	<input type="checkbox"/>
STREET ADDRESS	351 CLUB CIR. 109	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addit.
TITLE NAME	U00000538877 05/09/06-80077-021 150.00	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gary Knoll Gary Knoll 4-15-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #