

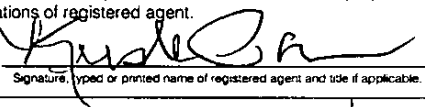
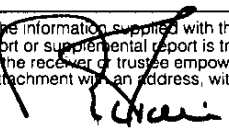


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90207 028 ***150.00

DOCUMENT # P02000127229 1. Entity Name PABIAN OUTDOOR-SOUTHEAST, INC.					
Principal Place of Business 362 GULF BREEZE PKWY, #111 GULF BREEZE, FL 32561				Mailing Address 362 GULF BREEZE PKWY, #111 GULF BREEZE, FL 32561	
2. Principal Place of Business 913 GULF BREEZE PARKWAY Suite, Apt. #, etc. SUITE 3 City & State GULF BREEZE, FL Zip 32561		3. Mailing Address 362 GULF BREEZE PKWY Suite, Apt. #, etc. #111 City & State GULF BREEZE, FL Zip 32561			
Country USA		Country USA		04242006 Chg-P CR2E034 (11/05)	
4. FEI Number NOT APPLICABLE				Applied For <input checked="" 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 CHASE, JAMES L 101 EAST GOVERNMENT STREET PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name KRISTINE PABIAN Street Address (P.O. Box Number is Not Acceptable) 362 GULF BREEZE PKWY #111 City GULF BREEZE FL Zip Code 32561		
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  KRISTINE PABIAN 4-24-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PABIAN, ROBERT C 362 GULF BREEZE PKWY #111 GULF BREEZE, FL 32561		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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:  ROBERT PABIAN 4/24/06 850.932.3382 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					