

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90363 021 \*\*\*150.00

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04132006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000013613</b> 1. Entity Name <b>P R BUSINESS CONSULTING, INC.</b>					
Principal Place of Business <b>31142 SHINNECOCK HILLS AVE SORRERNT, FL 32776</b>			Mailing Address <b>31142 SHINNECOCK HILLS AVE SORRERNT, FL 32776</b>		
2. Principal Place of Business <b>41512 Aspen Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>41512 Aspen Street</b> Suite, Apt. #, etc.			
City & State <b>Eustis FL</b> Zip <b>32736</b> Country		City & State <b>Eustis FL</b> Zip <b>32736</b> Country		4. FEI Number <b>82-0584664</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				7. Name and Address of New Registered Agent Name <b>Glaze, Ron</b> Street Address (P.O. Box Number is Not Acceptable) <b>41512 Aspen Street</b> City <b>Eustis</b> <b>FL</b> Zip Code <b>32736</b>	
6. Name and Address of Current Registered Agent <b>GLAZE, RON 31142 SHINNECOCK HILLS AVE SORRERNT, FL 32776</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>GLAZE, PAULA</b> <b>31142 SHINNECOCK HILLS AVE</b> <b>SORRERNT, FL 32776</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>Glaze, Paula</b> <b>41512 Aspen Street</b> <b>Eustis FL 32736</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>GLAZE, RON</b> <b>31142 SHINNECOCK HILLS AVE</b> <b>SORRERNT, FL 32776</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>Glaze, Ron</b> <b>41512 Aspen Street</b> <b>Eustis FL 32736</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Ron Glaze</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-13-06 407-947-9792 <small>Date Daytime Phone #</small>		