2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000040501 1. Entity Name 06 SEP 25 PM 1: 34 PCA ALL BUSINESS Services, Inc. SLUME FACT OF STATE TALLAMASSEE, FLORIDA Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 1118 NE 8+h 1118 NE 840 St Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P. CR2E034 (10/03) 4. FEI Number 051 City & State City & State HAllandale HAllanda Not Applicable **USA** \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gloria Gamboa Street Address (P.O. Box Number is Not Acceptable) 1118 NF 2th St 733509 Hallandale 8. The above named entity submits trys 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 9/12/06 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITLE Change Gloria Gamboa NAME 200080151 09/25/06--01062--014 1118 NE 8+h St STREET ADDRESS STREET ADDRESS Hallanda CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete IIILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental toport 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 divises 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 accuracy, with all other like empowered. SIGNATURE: 2

UNITED NAME OF SIGNING OFFICER OR DIRECTOR

PCA ALL BUSINESS SERVICES, INC. 1118 NE 8TH ST HALLANDALE, FL 33009 (754) 204-4301

September 14, 2006

To Whom It May Concern:

This is a brief letter stating that I did not receive the postcard of my Uniform Business Report of my company PCA ALL BUSINESS SERVICES, INC. Document # P03000040501. Along with this letter you will find a check for the amount of \$150.00 and my Uniform Business Report for the year of 2006.

If you need further assistance please feel free to give me a call at the above number. Thank you in advance.

Sincerely,

Gloria Gamboa