

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000074778</b>			
<b>1. Entity Name</b> PBS GLOBAL, INC.			
<b>Principal Place of Business</b> 20 S. BROAD STREET BROOKSVILLE, FL 34601		<b>Mailing Address</b> 20 S. BROAD STREET BROOKSVILLE, FL 34601	
<b>2. Principal Place of Business</b> 1499 S. Harbor City Blvd Suite, Apt. #, etc. Ste. 202 City & State Melbourne, FL Zip 32901 Country USA		<b>3. Mailing Address</b> 1499 S. Harbor City Blvd Suite, Apt. #, etc. Ste. 202 City & State Melbourne, FL Zip 32901 Country USA	
<b>4. FEI Number</b> 81-0621676		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FLORIDA & OFFSHORE BUSINESS FORMATION, INC 20 S. BROAD STREET BROOKSVILLE, FL 34601		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
<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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> 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 D NAME WILSON, SCOTT STREET ADDRESS 20 S. BROAD STREET CITY-ST-ZIP BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Delete	TITLE President, PBS Global Inc NAME Richard Hagan STREET ADDRESS 1499 S. Harbor City Blvd, Ste. 202 CITY-ST-ZIP Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby 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 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>			
<b>SIGNATURE:</b>		Richard Hagan, President 9-21-05 321.435.5003	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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