2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

COOK

Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90361 035 ***150.00 **DOCUMENT # P04000079011** 1. Entity Name P.J. BEAR, INC. Principal Place of Business Mailing Address 40033816 15201 N. CLEVELAND AVE #115 15201 N. CLEVELAND AVE #115 NORTH FORT MYERS, FL 33903 NORTH FORT MYERS, FL 33903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State **≨**0-0014753 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT A. HULL GRECO, CARL 3949 EVANS AVE #403 Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL BLVD SUITE 20 FORT MYERS, FL 33901 Zip Code 33907 CityFORT MYERS 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. 03.02.07 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Delete MLE THE COOK, PHILLIP A NAME PAK MAIL, 15201 N. CLEVELAND AVE., #115 STREET ADDRESS STREET ADDRESS N. FT. MYERS, FL 33903 CITY-ST ZIP CITY-S1-ZIP TITLE ☐ Delete THEE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change noilithA Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP 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. ME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date

FILED