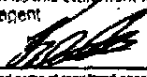


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000104512														
1. Entity Name PEC INVESTMENTS, INC.														
Principal Place of Business 5415 SUNSET WAY LAKELAND, FL 33805		Mailing Address 5415 SUNSET WAY LAKELAND, FL 33805												
1100000474268 04/04/06-80017-001 150.00 														
03092006 No Chg-P CR2E034 (11/05)														
DO NOT WRITE IN THIS SPACE		4. FEI Number 20-1387976 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required												
6. Name and Address of Current Registered Agent COMBEE, B. KEITH 5415 SUNSET WAY LAKELAND, FL 33805		DO NOT WRITE IN THIS SPACE												
7. 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  DATE _____ Captain, types or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when reinstating)														
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>P COMBEE, B. KEITH 5415 SUNSET WAY LAKELAND, FL 33805</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMBEE, B. KEITH 5415 SUNSET WAY LAKELAND, FL 33805	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.														
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/15/06 Date												