


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000013166		
1. Entity Name P & B GLOBAL ENTERPRISES, INC.		

Principal Place of Business 523 RECKER HIGHWAY AUBURNDAL, FL 33823	Mailing Address 523 RECKER HIGHWAY AUBURNDAL, FL 33823
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2. Principal Place of Business - No P.O. Box # 5018 Strada Dr	3. Mailing Address 5018 Strada Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Haven FL	City & State Winter Haven FL
Zip 33880	Zip 33880
Country USA	Country USA

6. Name and Address of Current Registered Agent PARISH, ANDREW W 523 RECKER HIGHWAY AUBURNDAL, FL 33823	
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7. Name and Address of New Registered Agent Name Andrew Parish Street Address (P.O. Box Number is Not Acceptable) 5018 Strada Dr City Winter Haven FL Zip Code 33880	
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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 <u>Andrew Parish</u> DATE <u>11/2/08</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PARISH, ANDREW W 5018 STRADA DRIVE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300137738483 11/07/08--01025--007 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BACZESKI, CHRISTOPHER A 5018 STRADA DRIVE WINTER HAVEN, FL 33880 <input checked="" 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
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
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

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 <u>Andrew Parish</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>11/2/08</u> Daytime Phone # <u>8634122626</u>

FILED  
08 NOV -7 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2235817	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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