


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90038 044 ***150.00

DOCUMENT # P05000018738	
1. Entity Name P.D.B. FINANCIAL CORP.	

Principal Place of Business 301 YAMATO RD., SUITE 4150 BOCA RATON, FL 33431	Mailing Address 301 YAMATO RD., SUITE 4150 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 2895 S. Federal Hwy #B-1	3. Mailing Address 2895 S. Federal Hwy #B-1
Suite, Apt. #, etc. #B-1	Suite, Apt. #, etc. #B-1

City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33483	Country USA

40011431



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 90-0238603	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SNELLING, LINDA L ESQ. 301 YAMATO RD., SUITE 4150 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Marc Sporn Street Address (P.O. Box Number is Not Acceptable) 2895 S. Federal Hwy, #B-1 City Delray Beach FL Zip Code 33483
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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  (NOTE: Registered Agent signature required when registering) DATE 2/2/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	D SNELLING, LINDA L <input checked="" type="checkbox"/> Delete 301 YAMATO RD., SUITE 4150 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marc Sporn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2895 S. Federal Hwy, #B-1 Delray Beach, FL 33483
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
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 links empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** 2/2/07 **Daytime Phone #**