


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

02-17-2006 90062 025 ***150.00

DOCUMENT # P05000045262			
1. Entity Name PB CROSSING OVER, PA			
Principal Place of Business 8252 WILSHIRE DR CHARLOTTE, FL 33981		Mailing Address 8252 WILSHIRE DR CHARLOTTE, FL 33981	
2. Principal Place of Business 3373 Grand Vista Ct Suite, Apt. #, etc. #201		3. Mailing Address 3373 Grand Vista Ct Suite, Apt. #, etc. #201	
City & State Port Charlotte FL		City & State Port Charlotte FL	
Zip 33953	Country USA	Zip 33953	Country USA
4. FEI Number 13-4297880		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOWEN, PATSY 8252 WILSHIRE DR CHARLOTTE, FL 33981		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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: <i>Patsy Bowen</i>		DATE: _____	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when re-registering.	
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, PATSY	NAME	
STREET ADDRESS	8252 WILSHIRE DR	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, FL 33981	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <i>Patsy Bowen</i>		DATE: _____	
Signature and typed or printed name of signing officer or director		Date	

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