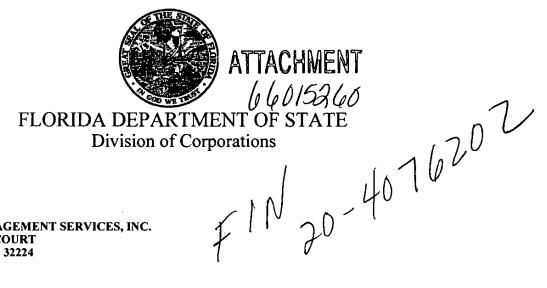
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 08, 2006 8:00 am Secretary of State **DOCUMENT # P05000151389** 04-14-2006 90148 005 ***150.00 PABLO OAKS MANAGEMENT SERVICES, INC. Mailing Address Principal Place of Business 66015260 4314 PABLO OAKS COURT 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 CR2E034 (11/05) City & State Applied For City & State 20-4076202 Not Applicable Zip Country 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 ORLINS, NANETTE P Street Address (P.O. Box Number is Not Acceptable) 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 Zip Code 3. 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. Signstaire, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITE F ☐ Addition TITLE ☐ Delete Change JOHNSON, CHARLES R NAME STREET ADDRESS 4314 PABLO OAKS COURT STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32224 City-SI-7/P VSTD TITLE Delete ☐ Change Addition ORLINS, NANETTE P NAME NAME 4314 PABLO OAKS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-Z#P ☐ Deletē TIT1 F ☐ Change TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE O Dalete DILE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TitLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 improvered. SIGNATURE:

FILED



April 18, 2006

PABLO OAKS MANAGEMENT SERVICES, INC. 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224

Subject: PABLO OAKS MANAGEMENT SERVICES, INC.

Reference Number:

P05000151389

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance. call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION