FILED Apr 23, 2007 8:00 am Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						04-05-2007 90148 005 ***150.00			
DOCUMENT # P06000071751 1. Entity Name PINNACLE PROPERTIES NWF, INC.							66U1V	เออง	
Principal Plac	e of Business		Mailing Address			1	- -		
5765 QUINTI	ETTE ROAD		5765 QUINTETTE ROA	AD.					
PACE, FL 32571			PACE, FL 32571				20259		
						- 119971197119			1818EL II 1981
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02052007	Chg-P	CR2E034 (12/06)		
City & State			City & State		30-4	846745		pplied For ot Applicable	
Zip	Zip Country		Zip Country		ilry	5. Certificate	of Status Desired	\$8.75 Ad	
6. Name and Address of Current F			adistered Agent		7 Name and	Address of New R	Fee Require	<u></u>	
	V. 114111	and Address of Collect.	collection within		Name	/. Nuntain	Address of research	Удателео Арепт	
CROSBY, 5765 QUIN	NTETTE R		Street Address ((P.O. Box Number is Not Acceptable)			
PACE, FL	325/1								
					City			FL Zip Cod	ie
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE.									
Signature, typed or provided name of regressered agent and tile if applicable. (NOTE: Registered Agent arginature required when renotating) OATE									
FILE NOWII! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees									
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	R IN 11
TITLE	PSTD	***************************************	Delete	TITLE		,	OF PRINCES IS S	Change	Addition
HAME	•				u.				
STREET ADDRESS	1	NTETTE ROAD			ELI ADDRESS				
CITY-ST-ZIP	PACE, FL	32571		-51-ZIP					
TITLE	VD KING, GL	ODIA A	Colete	TITLE				Change	Addition
STREET ADDRESS		ORIA A NTETTE ROAD		NAM Sire	E ADORESS				
CITY-ST-ZIP	PACE, FL				-S1-ZIP				
TITLE			☐ Delete	IIIL				☐ Change	Addition
HAME]			NAM	-			C comp	<u> </u>
STREET ADDRESS	1				ET ADDRESS				
CITY-ST-ZIP					-51-ZIP		-		
TITLE .	}		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADORESS				NAM STRE	ET ADDRESS				
CITY-SI-ZIP					·SI-ZIP				
ITLE			☐ Delate	titu			<u>.</u>	☐ Change	Addition
HAME				NAM				C company	() America
STREET ADORESS					LET ADDRESS				
CITY-ST-ZIP				CNY	-S1-ZIP				
IULE			Delete	III	1			☐ Change	Addition
NAME	1			NAME OF THE PERSON NAME OF THE P					
STREET ADORESS CITY-ST-ZIP	1				EFI ADDRESS - ST-ZIP				
	<u> </u>								
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 eath; 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.									
1/ a ()									
SIGNATURE: 02/26/67 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysing Prove F									