2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P93000012436

Entity Name: PABLO BEACH INVESTMENTS, INC.

Current Principal Place of Business:

P.O. BOX 50671
JACKSONVILLE BEACH, FL 32240 US

New Principal Place of Business:

2451 3RD STREET SOUTH
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

P. O. BOX 50671
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 59-3167761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHERN, FRED L JR.
2215 SOUTH 3RD ST.
SUITE 101
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIXON, CHARLES E III
Address: PO BOX 50671
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: VP ( ) Delete
Name: BELLARD, EMORY D III
Address: PO BOX 50671
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: DIXON, ELIZABETH C
Address: PO BOX 50671
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: TD ( ) Change (X) Addition
Name: BELLARD, RACHEL E
Address: PO BOX 50671
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: VP ( ) Change (X) Addition
Name: DIXON, SARAH J
Address: PO BOX 50671
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: VPD ( ) Change (X) Addition
Name: HAMMOND, S B
Address: PO BOX 50671
City-St-Zip: JACKSONVILLE BEACH, FL 32240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. DIXON III PD 05/01/2007
Electronic Signature of Signing Officer or Director Date