

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051985

Entity Name: P. B. PARTNERS, INC.

FILED
May 21, 2007
Secretary of State

Current Principal Place of Business:

6615 SW 46 ST
MIAMI, FL 33155

New Principal Place of Business:

1107 FARMING CREEK DRIVE
SIMPSONVILLE, SC 29680

Current Mailing Address:

6615 SW 46 ST
MIAMI, FL 33155

New Mailing Address:

1107 FARMING CREEK DRIVE
SIMPSONVILLE, SC 29680

FEI Number: 65-0424272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARTZ, MICHAEL W
7305 S.W. 40TH STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

BARTZ, MICHAEL W
1107 FARMING CREEK DRIVE
SIMPSONVILLE, FL 29680 US

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:

05/21/2007

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: DPS () Delete
Name: BARTZ, MICHAEL W
Address: 7305 S.W. 40TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VT () Delete
Name: BARTZ, CLAIRE M
Address: 7305 S.W. 40TH STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: BARTZ, MICHAEL W
Address: 1107 FARMING CREEK DRIVE
City-St-Zip: SIMPSONVILLE, SC 29680

Title: VT (X) Change () Addition
Name: BARTZ, CLAIRE M
Address: 1107 FARMING CREEK DRIVE
City-St-Zip: SIMPSONVILLE, SC 29680

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: CLAIRE M BARTZ

VT

05/21/2007

Electronic Signature of Signing Officer or Director

Date