



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

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| DOCUMENT # P96000049521 | |  |
| 1. Entity Name P.B.M. DEVELOPMENT, INC. | | |
| Principal Place of Business 30 SE 7TH ST, 2ND FLOOR BOCA RATON, FL 33432 US | Mailing Address 30 SE 7TH ST, 2ND FLOOR BOCA RATON, FL 33432 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MCALLISTER, JENNIFER 30 SE 7TH ST 2ND FL BOCA RATON, FL 33432 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| 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 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCALLISTER, PETER B 1511 SW 1ST AVE BOCA RATON, FL 33432 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDV MCALLISTER, JENNIFER 30 SE 7TH ST, 2ND FLOOR BOCA RATON, FL 33432 | |
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| 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 all other like empowered. | | |
| SIGNATURE:  CFD, SPCLD (SPAS) 4-21-06 561 3682544 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



01302006 No Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 65-0677822 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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05/08/06-80037-015 158.75

**DO NOT WRITE
IN THIS SPACE**