## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 08:00 AN Secretary of State

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DOCUMENT # P960000596  1. Entity Name PTA BUILDING BLOCKS, INC.	39 🔭			Secre	etary of Sta
Principal Place of Business 447 NW 73RD AVE PLANTATION, FL 33317	Maiking Address 447 NW 73RD AVE PLANTATION, FL 33317			B (BING BAN) BBNA BBN BBN BBNA BNB B	18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18/18 18
			04282008 No Chg-P CR2E034 (11/05)		
DO NOT WRITE	IN THIS SPA	CE	4. FEI Numb 65-069 5. Certificate		Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Re	gistered Agent		1	36.7	· so vedanod
DAVIS, SUZANNE M 447 NW 73 AVE PLANTATION, FL 33317				NOT WRITE	
The above named entity submits this statement for the stateme	ne purpose of changing its registe	ered office or registe	ered agent, or bo	oth, in the State of Florida. I arr	familiar with, and accept
the obligations of registered agent					
SIGNATURE Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registr	ered Agent signature require	id when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	5.8		5.00 May Be ded to Fees	0000009492 :06/03/08-8002;	
10. OFFICERS AND DI	RECTORS				· ; ^ .
TITLE DP  NAME DAVIS, SUZANNE M  STREET ADDRESS 2724 NE 26 AVE  CITY-ST-ZIP FT LAUDERDALE, FL 33306					
TITLE DVPS		- ·			
NAME WOJCIK, MONICA STREET ADDRESS 11648 NW 5TH ST CITY ST 7IP PLANTATION, FL 33325		,			,
TITLE NAME					* ,
STREET ADDRESS CITY-ST-ZIP		· ·		<b>NOT WRIT</b>	E
LE CONTRACTOR		-	IN THIS SPACE		
NAME STREET ADDRESS	DINESS		11.4		<b>-</b>
CITY-ST- ZIP			٠.	` '	
NAME		1		,	<u>.</u>
STREET ADDRESS		4, 2,			
CITY-SI-ZIP			. ,		
NAME .		<b>,</b>	. ,		
STREFT ADDRESS					4

12. Thereby 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: Surance 1 Laina SUZANNE M. DAVIS 4 30 08 954-583-738