

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000092257

1. Entity Name
PINNACLE HOLDINGS, INC.



Principal Place of Business
7700 W CAMINO REAL, #404
BOCA RATON, FL 33434

Mailing Address
7700 W CAMINO REAL, #404
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

**FILED
Jan 17, 2006 08:00 AM
Secretary of State**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0709137	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZER, JON G
7700 W CAMINO REAL, #404
BOCA RATON, FL 33434

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

101100389372
01/20/06-80044-006 150.00

10. OFFICERS AND DIRECTORS

TITLE: O
NAME: MAZER, JON G
STREET ADDRESS: 7700 W CAMINO REAL, #404
CITY-ST-ZIP: BOCA RATON, FL 33434

TITLE: D
NAME: CHANEY, STEVEN L
STREET ADDRESS: 7700 W CAMINO REAL, #404
CITY-ST-ZIP: BOCA RATON, FL 33433

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/06 561-845-7811
Date Daytime Phone #