2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000107981

1. Entity Name

PEBBLE JUNCTION, INC.



FILED Mar 18, 2008 08:00 A Secretary of State

Principal Place of Business

702 SOUTH FRENCH AVENUE

(HIGHWAY 17-92) SANFORD, FL 32771 Mailing Address

6603 ROUTE 202

PO BOX 778

NEW HOPE, PA 18938

DO NOT WRITE IN THIS SPACE

03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3483883

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORNSTEIN, MARK L 2 SOUTH ORANGE AVENUE 5TH FLOOR ORLANDO, FL 32801

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, typoid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | | | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | Election Campaign Finan Trust Fund Contribution. | cing 🔲 | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUSIK, J KEVAN 6603 ROUTE 202, PO BOX 778 N/A NEW HOPE, PA 18938 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 4 | | 000000862740 04/03/08-80064-004 150.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 1 v |

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: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING SEFICER OR DIRECTOR

215-862-1670