

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000109200</b>		<b>Secretary of State</b>	
1. Entity Name PGA HARBOUR INVESTMENT, INC.			
Principal Place of Business 2401 PGA BLVD. SUITE 148 PALM BEACH GARDENS, FL 33410		Mailing Address 2401 PGA BLVD. SUITE 148 PALM BEACH GARDENS, FL 33410	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01302006 No Chg-P CR2E034 (11/05)	
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number 65-0807585	
		Applied For Not Applicable	
5. Name and Address of Current Registered Agent  FRICKER, MAX 2401 PGA BLVD SUITE 148 PALM BEACH GARDENS, FL 33410		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	D		
NAME	FRICKER, MAX		
STREET ADDRESS	2401 PGA BLVD., SUITE 148		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
TITLE			
NAME			
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CITY-ST-ZIP			
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 fees empowered.			
SIGNATURE: By: H. Max Fricker, D		January 30, 2006 (561) 625-1005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	