2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 22, 2008 8:00 am Secretary of State 05-22-2008 90013 034 ***150.00 DOCUMENT # P98000107058 1. Entity Name PINEBROOK-PARK PLACE, INC. Principal Place of Business Mailing Address 28059 US HWY 19 N 28059 US HWY 19 N #302 #302 CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address CR2E034 (12/06) 04152008 Chg-P 36370 U.S. Hwy 19 N. 36370 U.S. Hwy 19 N. -Applied For 4. FEI Number Palm Harbor, FL. Palm Harbor, FL. 59-2749685 Not Applicable 34684 USA 34684 USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GENTILE, MICHAEL 29656 US 19 NORTH, SUITE 100 Minieri, Carl N CLEARWATER, FL 33761 36370 U.S. Hwy 19 N. Palm Harbor, Fl 34684 Zip Code 8. The above named a for the purpose of changing its registered office or registered agent, or point, in the State of Fronta. It am familiar with, and accept the obligations of re SIGNATURE (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Addition ☐ Delete TITLE Minieri, Carl A MINIERI, CARL A NAME NAME 36370 U.S. Hwy 19 N. STREET ADDRESS 28059 US HWY 19 N. STE 302 STREET ADDRESS Palm Harbor, Fl 34684 CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP ■ Addition ☐ Change TITLE Delete THE GENTILE, MICHAEL NAME NAME STREET ADDRESS 28059 US HWY 19 N. STE 302 STREET ADDRESS CHY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete Minieri, Carl N MINIERI, CARL N NAME NAME STREET ADDRESS 28059 US HWY 19 N. STE 302 STREET ADDRESS 36370 U.S. Hwy 19 N. CLEARWATER, FL 33761 CITY-ST-ZIP CITY-ST-ZIP Palm Harbor, Fl 34684 TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME Malave, Marianne STREET ADDRESS STREET ADDRESS 36370 U.S. Hwy 19 N. CITY-ST-ZIP CITY-ST-ZIP Palm Harbor, FL 34684 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receivers 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 attachmen

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Davtime Phone #