

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81078

Entity Name: PBD, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

2683 ST. JOHNS BLUFF RD. S.
155
JACKSONVILLE, FL 32246 US

Current Mailing Address:

2683 ST. JOHNS BLUFF RD. S.
155
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

2804 ST. JOHNS BLUFF RD. S.
200
JACKSONVILLE, FL 32246 US

New Mailing Address:

2804 ST. JOHNS BLUFF RD. S.
200
JACKSONVILLE, FL 32246 US

FEI Number: 59-0387682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY
ONE INDEPENDENT DRIVE, SUITE 2200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANSOURI, SAFA MEHDI
Address: 85 NICOLE LANE
City-St-Zip: ATLANTIC BCH, FL

Title: VPST () Delete
Name: MANSOURI, SAFA MEHDI
Address: 85 NICOLE LANE
City-St-Zip: ATLANTIC BCH, FL

Title: S () Delete
Name: MANSOURI, VAFA E
Address: 14402 PELICAN BAY CT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAFA MEHDI MANSOURI

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date