
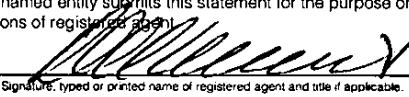
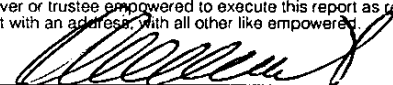


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90064 025 ***150.00

DOCUMENT # F03000002869			
1. Entity Name PCM, INC.			
Principal Place of Business 27500 RIVERVIEW CENTER BLVD, SUITE 202 BONITA SPRINGS, FL 34134-4314		Mailing Address 27500 RIVERVIEW CENTER BLVD, SUITE 202 BONITA SPRINGS, FL 34134-4314	
2. Principal Place of Business 27599 Riverview Center Blvd Suite, Apt. #, etc. SUITE 201 City & State BONITA SPRINGS, FL Zip 34134 Country USA		3. Mailing Address 27599 Riverview Center Blvd Suite, Apt. #, etc. SUITE 201 City & State BONITA SPRINGS, FL Zip 34134 Country	
6. Name and Address of Current Registered Agent PC MANAGEMENT, INC. 27500 RIVERVIEW CENTER BLVD STE 202 MIAMI, FL 33134		7. Name and Address of New Registered Agent Name PC MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 27599 Riverview Center Blvd STE 201 City BONITA SPRINGS FL Zip Code 34134	
4. FEI Number 13-3598286 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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: 		DATE: 2/24/06	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, ROBERT C 26120 MANDEVILLA DRIVE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, LINDA C 26120 MANDEVILLA DRIVE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 2/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 239.335.1320	