


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 10, 2007 08:00 AM  
Secretary of State**

DOCUMENT # F03000002869 1. Entity Name PCM, INC.	
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Principal Place of Business 27599 RIVERVIEW CENTER BLVD SUITE 201 BONITA SPRINGS, FL 34134-4314	Mailing Address 27599 RIVERVIEW CENTER BLVD SUITE 201 BONITA SPRINGS, FL 34134-4314
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3598286	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PC MANAGEMENT, INC.  
27599 RIVERVIEW CENTER BLVD  
SUITE 201  
BONITA SPRINGS, FL 34134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

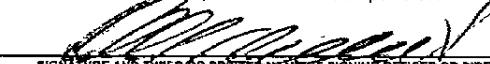
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, ROBERT C 26120 MANDEVILLA DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, LINDA C 26120 MANDEVILLA DRIVE BONITA SPRINGS, FL 34134
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07/10/07-80004-014 150.00

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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:  **7.05.2007 239.335.1320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #