2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2004 8:00 am Secretary of State

DOCUMENT # F9900003205 1. Entity Name PPM CONSULTANTS, INC.							004 90022 (
	i :.			STATE OF THE PARTY						
Principal Place	of Business	Mailing Address								
2508 TICHELI ROAD		2211 NORTH 7TH STREET				0.4	000050			
MONROE, LA 71202		SUITE 200				24080959				
	Į.	WEST MONROE, LA 7129	91		1 (9 8)(88 11) 1		II CANII BEIGA IIME IIE	n Berei Bail	68) (£ 186)	
2. Principal Place of Business		3. Mailing Address 2508 Ticheli Rd								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07012004	Chg-P	CR2E034 (10/03)	٠	
City & State		Nonroe, LA		4. FEI Number 72-1256				olied For Applicable		
Zip	"Country			S.A	5. Certificate of Status Desired See Requirement			Required		
	6. Name and Address of Current R	egistered Agent	~~~~		7Name and	Address of New R	egistered Ager	ıt: ————		
1 EVIO BO	OUR FUEL OF DIVIDED IN O	ł	Name							
LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301			_							
			İ	-	•					
	a a		`	City			FL	Zip Code		
O The shave	named entity submits this statement for	the surrous of share in a large				in the Class of Flo	<u> </u>			
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 - Due by September 8, 2004 9. Election Campaign Trust Fund Contribu			n Financi bution.		55.00 May Be dded to Fees	In accordance vicorporation did	with s. 607.193 not receive the	J(2)(b), F e prior n	F.S., the otice/	
10. ∈ γ	, OFFICERS AND E	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DIF	ECTORS	IN 11	
TITLE	P	☐ Delete	TITLE					Change	☐ Addition	
NAME .	PYRON, KEITH D	•	NAME							
STREET ADDRESS CITY-ST-ZIP	26519 ROLLING RIDGE DRIVE	•		ADDRESS	•				.	
	ROBERTSDALE, AL 36567		CITY-S	1-214					—	
TITLE NAME	MCCOWN, MICHAEL D	☐ Delete	TITLE NAME		•		Ц	Change	Addition	
STREET ADDRESS	7985 COUNTY HWY 27			ADDRESS						
CITY-ST-ZIP	SPRINGVILLE, AL 35146		CITY-S							
TITLE	\$	☐ Delete	TITLE					Change	Addition	
NAME	PERRY, L. TODD	Delete	NAME	,		-	"	Orlange		
STREET ADDRESS	702 HODGE WATSON		STREET	ADDRESS			•			
CITY-ST-ZIP	CALHOUN LA 71225		CITY-S	T-ZIP						
TITLE	1 1	. Delete	TITLE			÷ .		Change	☐ Addition	
NAME	- ∤		NAME						ļ	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS						
			-	H-EIF				<u></u>		
TITLE NAME		☐ Delete	TITLE NAME				Ц	Change	Addition	
STREET ADDRESS	The second secon	and the second of the second o	· ·	ADDRESS		***				
CITY - ST- ZIP	A transfer of the second of th		CITY-S		1.00			<u> </u>	. 4	
TITLE L. T.	TO STATE OF THE RESERVE AND ARRIVED AND ARE	Delete Com	TITLE	J 31 4	Strate i		Doj EColors []			
NAME	uni entermenta (percenta entermenta de la constanta de la cons	ি কা মুজিজিউ, জিলাচ _ক ,	NAME	- A	· 建设工工 · · · · · · · · · · · · · · · · · ·	: 1500al 2003 1.	46.5, 007.193	(2)(1), F	क्षा' एष 📲	
STREET ADDRESS	Control France & Maria, in substitute of the control of	Carlo Mills Charles		ADDRESS						
CITY-ST-ZIP + -	Part 1.5.		CITY-S		" "" E ` jiba		ur ur			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04

7/8-325-7270 Daytime Phone •