

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000127177

FILED
Sep 21, 2006
Secretary of State**Entity Name:** PMF,INC.**Current Principal Place of Business:**2502 ROCKY POINT DRIVE
SUITE #100B
TAMPA, FL 33607**New Principal Place of Business:****Current Mailing Address:**2502 ROCKY POINT DRIVE
SUITE #100B
TAMPA, FL 33607**New Mailing Address:****FEI Number:** 71-0974849**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: TIEDE, ALBERT J
Address: 2502 ROCKY POINT DRIVE, STE. 100B
City-St-Zip: TAMPA, FL 33607 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S () Change (X) Addition
Name: HICKS, HEATHER M
Address: 2502 ROCKY POINT DRIVE, STE. 100B
City-St-Zip: TAMPA, FL 33607 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERT TIEDE

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09/21/2006

Electronic Signature of Signing Officer or Director_____
Date