2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P07000095227 02-29-2008 90016 018 ***150.00 1. Entity Name PC FIXR, INC. Mailing Address Principal Place of Business ዿህህ፞ዾዹ 1964 WINDBROOK DR 1964 WINDBROOK DR US PALM BAY, FL 32909 PALM BAY, FL 32909 2. Principal Place of Business - No P.O. Box # 3. Mailing Address O. Box 100553 Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 26-0774642 Not Applicable Country ∠ Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODMANSEE, JANET H Street Address (P.O. Box Number is Not Acceptable) 1964 WINDBROOK DR PALM:BAY, FL 32909 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signsture required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11' 10. 11. Delete TITLE Change ☐ Addition TITLE NAME WOODMANSEE, JANET H NAME 1964 WINDBROOK DR STREET ADDRESS STREET ADDRESS PALM BAY, FL 32909 CITY-ST-ZIP CITY-ST-ZIP VP TITLE Delete ☐ Change ☐ Addition WOODMANSEE, BARRY F NAME NAME 1964 WINDBROOK DR STREET ADDRESS STREET ADDRESS PALM BAY, FL 32909 CITY-ST-ZIP CITY-ST: ZIP Delete **fIILE** Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 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 pli other like empowered. 321-768-0422

PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

WOODMANSEE

FILED Feb 29, 2008 8:00 am