

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004540

Entity Name: PGAA MEDIA LIMITED INC.

FILED  
Jul 13, 2006  
Secretary of State

## Current Principal Place of Business:

2801 PONCE DE LEON BLVD  
SUITE 370  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2801 PONCE DE LEON BLVD  
SUITE 370  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-1023668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA  
201 SOUTH BICAYNE BLVD., SUITE 2900  
MIAMI, FL 33131 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: CICLITIRA, JOHN DAVID N  
Address: 49 YORK MANSIONS PRINCE OF WALES DR  
City-St-Zip: BATTERSEA, LONDON, UK

Title: D ( ) Delete  
Name: AXFORD, GRAHAM  
Address: STONEY HILL HOUSE STONEY HILLS WARE  
City-St-Zip: HERFORDSHIRE, UK S612 OHJ

Title: D ( ) Delete  
Name: COWEN, BEN  
Address: 15A FILMER ROAD  
City-St-Zip: LONDON, SW6 7BU, UK

Title: D ( ) Delete  
Name: PERRING, CHARLES  
Address: THE OLD POST OFFICE  
City-St-Zip: BERKSHIRE, RG10 OPR, UK

Title: D ( ) Delete  
Name: KRISTIANSEN, KELD  
Address: 20JALANPALONG, MINESRESORTCITY 43300 SERI  
City-St-Zip: KEMBANGAN, SELANGOR, MALAYASIA, MY MALAYASIA

Title: D ( ) Delete  
Name: LAVIE, HENRIQUE  
Address: CENTROEMPRESARIALLALAGUNITACC. OFFICE 415  
City-St-Zip: CARACAS, VENEZUELA, VZ VENEZUELA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BEN COWEN

D

07/13/2006

Electronic Signature of Signing Officer or Director

Date