

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004540

Entity Name: PGAA MEDIA LIMITED INC.

FILED
May 02, 2007
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:

P.O. BOX 145118
CORAL GABLES, FL 33114

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 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

05/02/2007

Electronic Signature of Signing Officer or Director

Date