2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2004
Secretary of State

DOCUMENT# F02000002894

Entity Name: PMY REALTY CO.

Current Principal Place of Business:

127 NORTH L ST
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

149 HANOVER AVENUE
PAWTUCKET, RI 02861

New Mailing Address:

FEI Number: 05-0511488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRIER, YOLANDE
127 NORTH L STREET
LAKE WORTH, FL 33460 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARRIER, PAUL
Address: 5 VARIN DRIVE
City-St-Zip: SMITHFIELD, RI

Title: S ( ) Delete
Name: CARRIER, MAURICE
Address: 202 OAKLAND AVE
City-St-Zip: PAWTUCKET, RI

Title: T ( ) Delete
Name: CARRIER, YOLANDE
Address: 149 HANOVER AVE
City-St-Zip: PAWTUCKET, RI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CARRIER, PAUL
Address: 5 VARIN DRIVE
City-St-Zip: SMITHFIELD, RI 02917

Title: S (X) Change ( ) Addition
Name: CARRIER, MAURICE
Address: 202 OAKLAND AVE
City-St-Zip: PAWTUCKET, RI 02861

Title: T (X) Change ( ) Addition
Name: CARRIER, YOLANDE
Address: 149 HANOVER AVE
City-St-Zip: PAWTUCKET, RI 02861-212

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YOLANDE CARRIER T 01/17/2004

Electronic Signature of Signing Officer or Director Date