2006-FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F9700006448

1. Entity Name

P.C. MARKETING SERVICES, INC.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business 1120 ANNE ELISA CIRCLE ST CLOUD, FL 34772 Mailing Address

1120 ANNE ELISA CIRCLE ST CLOUD, FL 34772



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6. Name and Address of Current Registered Agent

01072006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 54-1656103 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CAPORLINGUA, PETER E 1120 ANNE ELISA CIRCLE ST CLOUD, FL 34772

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the putions of registered agent.	pose of changing its registered of	ice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if a	pplicable. (NOTE: Registered Agen	i agnature	required when reinstating)	DATE
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution,		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	ORS			The state of the s
TITLE Name Street address City-St-Zip	PD CAPORLINGUA, PETER E 1120 ANNE ELISA CIRCLE ST CLOUD, FL 34772				
TITLE Name Street address City-St-71P	ST CAPORLINGUA, JENNIFER 1120 ANNE ELISA CIRCLE ST CLOUD, FL 34772			and a surger of	000000508763 04/28/06-80015-012 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filling 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 trusted 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 all other like empowered.

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* 1		~ .		

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/11/06

Daytime Phone #