

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90030 023 ***150.00

DOCUMENT # F98000005478

1. Entity Name
GGC-PGM HOLDINGS LTD., INC.



Principal Place of Business
4 DAVID WRIGHT CT RR3
NEWMARKET, ONTARIO, CA 13-y4w1

Mailing Address
4 DAVID WRIGHT CT RR3
NEWMARKET, ONTARIO, CA 13-y4w1

change

change



2. Principal Place of Business - No P.O. Box #
62 Braid Bend
Suite, Apt. #, etc.

3. Mailing Address
62 Braid Bend
Suite, Apt. #, etc.

07132008 Chg-P CR2E034 (12/06)

City & State
Stouffville Ontario
Zip
L4A 1R7
Country
Canada

City & State
Stouffville Ontario
Zip
L4A 1R7
Country
Canada

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS, INC.
4710 NW 2ND AVE #101
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
CP	CHESHIRE, GWENDA	4 DAVID WRIGHT CT RR3	NEWMARKET, ONTARIO, CA 13y 4w1	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition
		62 Braid Bend	Stouffville Ontario Canada L4A 1R7	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Gwenda Cheshire Gwenda Cheshire July 12/08 905 642 4863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #