



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H31449 1. Entity Name PDM INVESTMENTS, INC.						FILED 07 APR -4 PM 3: 27 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business % PAUL D. MIRANDA 2117 NE 6TH PLACE OCALA, FL 34470 US				Mailing Address % PAUL D. MIRANDA 2117 NE 6TH PLACE OCALA, FL 34470 US			
2. Principal Place of Business - No P.O. Box # 2117 NE 6 Place		3. Mailing Address Same					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Same					
City & State OCALA, FL		City & State Same					
Zip 34470		Country Marion		Zip Same		Country 	
4. FEI Number 59-2471683				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MIRANDA, PAUL D. 2117 NE 6TH PLACE OCALA, FL 34470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MIRANDA, PAUL D. 2117 NE 6TH PLACE Ocala, FL 34470			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900096371429 04/10/07--01046--015 **150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MIRANDA, JULIA E 2117 NE 6TH PL Ocala, FL 34470			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul D. Miranda Pres.				Date: 3/30/07 Daytime Phone #: 352-368-2200			