
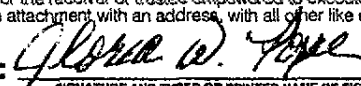


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # J20016 1. Entity Name PROMMCO MANUFACTURING, INC.		
Principal Place of Business 18210 S.W. 60TH ST. SOUTHWEST RANCHES, FL 33331	Mailing Address 18210 S.W. 60TH ST. SOUTHWEST RANCHES, FL 33331	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PASTRAN, RAUL E 333 NE 8TH STREET HOMESTEAD, FL 33030		DO NOT WRITE IN THIS SPACE
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)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP POPE, DOUGLAS W 18210 S.W. 60TH ST. SOUTHWEST RANCHES, FL 33331	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV POPE, GLORIA W 18210 S.W. 60TH ST. SOUTHWEST RANCHES, FL 33331	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  GLORIA W. POPE VP		4/20/06 954-680-2058 <small>Date Daytime Phone #</small>



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2687859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000527150
05/04/06-80101-013 150.00

**DO NOT WRITE
IN THIS SPACE**