


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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| DOCUMENT # J88122 1. Entity Name PMC EMPLOYEE BENEFITS, INC. |  |
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| Principal Place of Business P.O. BOX 1115 PINELLAS PARK, FL 33780 US | Mailing Address P.O. BOX 1115 PINELLAS PARK, FL 33780 US |
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2963824 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DUBRATZ, HJ
8391 57TH STREET NORTH
PINELLAS PARK, FL 33781

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| 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 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUBRATZ, H.J. 8391 57TH STREET NORTH PINELLAS PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DUBRATZ, MARION 8391 57TH STREET NORTH PINELLAS PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SCHIBLER, MICHELE 5360 86 AVE N PINELLAS PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SOLOSKI, PATRICIA 5548 96TH AVE N PINELLAS PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/02/07-80051-010 150.00

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:  4/20/07 727 548-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #