2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# J88122

Entity Name: PMC EMPLOYEE BENEFITS, INC.

Current Principal Place of Business:

8391 57 STREET N
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1115
PINELLAS PARK, FL 33780 US

New Mailing Address:

FEI Number: 59-2963824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DUBRATZ, H.J.
Address: 8391 57TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL

Title: VD ( ) Delete
Name: DUBRATZ, MARION
Address: 8391 57TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL

Title: STD ( ) Delete
Name: SCHIBLER, MICHELE
Address: 5360 86 AVE N
City-St-Zip: PINELLAS PARK, FL

Title: VD ( ) Delete
Name: SOLOSKI, PATRICIA
Address: 5548 96TH AVE N
City-St-Zip: PINELLAS PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H.J.DUBRATZ PD 04/29/2009

Electronic Signature of Signing Officer or Director Date