


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 019 ***150.00

DOCUMENT # K10443 1. Entity Name PG MANAGEMENT CO.					
Principal Place of Business 11330 1 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246 US			Mailing Address 11330 1 ST. JOHN INDUSTRIAL PKWY JACKSONVILLE, FL 32246 US		
2. Principal Place of Business - No P.O. Box # 11330-4 St Johns Ind Pkwy		3. Mailing Address 11330-4 St Johns Ind Pkwy			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01042007 Chg-P CR2E034 (12/06)	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-2864199	
Zip 32246		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELSILA, NEIL E. 11330 1 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Elsila, Neal E Street Address (P.O. Box Number is Not Acceptable) 11330-4 St Johns Industrial Pkwy City Jacksonville FL Zip Code 32246		
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 Neil E Elsila <i>President</i> 1/16/07 <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, 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	PSD ELSILA, NEIL E. 11330-1 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HULSEY, JOHN 11330-1 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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: <i>Neil E. Elsila</i> NEIL E. ELSILA 1/16/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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