2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K70046

Entity Name: P.M.H., INC.

City-St-Zip:

DELAND, FL 32724

FILED Apr 22, 2008 Secretary of State

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|---|---|-----------------------------------|---|--------------------------------------|--|
| Current P | rincipal Place | e of Business: | New Principal Place o | New Principal Place of Business: | |
| 915 W. NE DELAND, | EW YORK AVE FL 32720 | ≣ | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| PO BOX 2 DELAND, | 490 FL 327212490 |) | | | |
| FEI Number | : 58-1841986 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address of | New Registered Agent: | |
| 10015 BRÍ | DAN A., ESQ DGEVIEW DR N THE HILLS, | RIVE | | | |
| The above | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICER | S AND DIREC | CTORS: | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | VTD (HOLMES, JAM 7689 CLEMEN ORLANDO, FL | TINE CT | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | PD (MASSEY, PAU 322 BRIGHTOI TIFTON, GA 3 | N ROAD | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: | PRICE, KATH |) Delete RYN H AMPSHIRE AVE | Title: (Name: Address: |) Change () Addition | |

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.

City-St-Zip:

SIGNATURE: KATHRYN H PRICE S 04/22/2008