2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114843

Entity Name: PMA - CUSTOMS, LLC

Address:

City-St-Zip:

926 THIRD ST

FORT MYERS BEACH, FL 33931 US

FILED Apr 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4601 FOWLER ST FORT MYERS, FL 33907 US **Current Mailing Address: New Mailing Address:** 4601 FOWLER ST FORT MYERS, FL 33907 US FEI Number: 41-2221204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHULZ, AXEL W 926 THIRD ST FORT MYERS BEACH, FL 33931 US 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition SKRZYNIARZ, PAUL Name: Name: 1740 SE 44TH ST Address: Address: City-St-Zip: CAPE CORAL, FL 33904 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SKRZYNIARZ, DEBORAH Name: Address: 1740 SE 44TH ST Address: City-St-Zip: CAPE CORAL, FL 33904 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GLANZNER, MANFRED Name: Name: Address: 1434 ARGYLE DR Address: City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SCHULZ, AXEL W Name:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: AXEL SCHULZ MGRM 04/02/2008