2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2007 8:00 am Secretary of State

DOCUMENT # N0600007753 1. Entity Name PCCT, INC.					3-02-2007 90012 (
Principal Place of Business Mailing Address 4513 BUCK HAVEN TRAIL 4513 BUCK HAVI TALLAHASSEE, FL 32312 TALLAHASSEE, F			_	110311101011011011	PIIX EDIN JEHI PIII PIIN JIH	1981) 1888 9 1188	
2. Principal Place of Business - No P.O. Box # 9513 Buck Haven Trail Suite, Apt. #, etc.		3. Mailing Address 9513 Buck Haven Trail Suite, Apt. #, etc.		ail			
		,		07242007 Chg-NP CR2E037 (12/06)			
	Julianassee, FL	City & State Tallaha	ssee, FL	4. FEI Number 75 - 32	23776	No	pplied For ot Applicable
Zip 3:	2312 Country USA	Zip 32312	Country USA	5. Certificate of St		\$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Add	ress of New Registered	d Agent	
HAMEDANI, DAN 130 CASA BIANCA RD.			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	LLO, FL 32344		Chock to Carte Control of the Company				
			City		F	Zip Cod	le
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regis	stered agent, or both, in	-	- ,	and accept
SIGNATURE .							
	Signature, typed or printed name of registered agent an	d title if applicable (NOTE, f	Registered Agent signature requi	ired when reinstating)	DATE		
D:	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Camp Trust Fund Co	· -	\$5.00 May Be Added to Fees	Make che Florida Dep	ck payable t artment of S	
10.	OFFICERS AND DIRE	Trust Fund Co	ntribution.	Added to Fees		artment of S	tate
	ue by September 14, 2007	Trust Fund Co	ntribution.	Added to Fees	Florida Dep	artment of S	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE P ASHTCHI, ASHRAF 8846 GLEN ABBY DR.	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Dep	DIRECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P ASHTCHI, ASHRAF 8846 GLEN ABBY DR. TALLAHASSEE, FL 32312 V GANDOMKAR, NABI 906 W. WASHINGTON ST.	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Dep	DIRECTORS IN Change	itate i 10 Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: