2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2009
Secretary of State

DOCUMENT# N06000007753

Entity Name: PCCT, INC.

Current Principal Place of Business:

9513 BUCK HAVEN TRAIL
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

9513 BUCK HAVEN TRAIL
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 75-3223770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMEDANI, DAN
130 CASA BIANCA RD.
MONTICELLO, FL 32344 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MASSOUDI, BAHRAM
Address: 1376 DEVONSHIRE DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: V ( ) Delete
Name: DARABI, SHAHNAZ
Address: 6074 WESSAX DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete
Name: BAHRAYNI, ZOHREH
Address: 3626 UNCLE GLOVER RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: SACHI, AFI
Address: 9513 BUCK HAVEN TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: HAMEDANI, DAN
Address: 130 CASA BIANCA RD.
City-St-Zip: MONTICELLO, FL 32344

Title: MD ( ) Delete
Name: MOMEN, AFSOON
Address: 9300 BRIARCREEK RD
City-St-Zip: TALLAHASSEE, FL 32312

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AFI SACHI T 08/12/2009
Electronic Signature of Signing Officer or Director — Date