2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004113

Entity Name: PCAC, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1501 NE 62ND STREET

FORT LAUDERDALE, FL 333345199

Current Mailing Address: New Mailing Address:

1501 NE 62ND STREET

FORT LAUDERDALE, FL 333345199

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OCONNER, DANIEL P 200 E LAS OLAS BLVD SUITE 1900 BRINKLEY MCNERNEY SOLOMON & TATUM LLP FORT LAUDERDALE, FL 33301 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change()Addition

 Name:
 COWGILL, LOURDES M DR.
 Name:

 Address:
 1501 NE 62ND STREET
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 333345199
 City-St-Zip:

Title: CD () Delete Title: CD (X) Change () Addition

 Name:
 MCQUEEN, SCOTT
 Name:
 MCQUEEN, SCOTT MR.

 Address:
 431 COCONUT PALM RD.
 Address:
 431 COCONUT PALM RD.

 City-St-Zip:
 BOCA RATON, FL 33432
 City-St-Zip:
 BOCA RATON, FL 33432

Title: () Delete Title: (X) Change () Addition GUMBERG, ANDREW Name: GUMBERG, ANDREW MR. Name: 2333 AGUA VISTA BLVD. 3200 NORTH FEDERAL HIGHWAY Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33306

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SMITH, DENNIS
 Name:
 SMITH, DENNIS MR.

 Address:
 110 SE 6TH STREET
 Address:
 110 SE 6TH STREET

City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. LOURDES M. COWGILL PD 04/23/2007