2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048476

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: PCN INC. **Current Principal Place of Business: New Principal Place of Business:** 718 SAVAGE CT LONGWOOD, FL 32750 **Current Mailing Address: New Mailing Address:** PO BOX 521666 LONGWOOD, FL 32752 FEI Number: 59-3651159 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: NACKINO, PAUL C NACKINO, PAUL C 35 WINDSOR ISLE 714 SAVAGE CT LONGWOOD, FL 32779 LONGWOOD, FL 32750 US 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: 04/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition NACKINO, PAUL C NACKINO, PAUL C Name: Name: 35 WINDSOR ISLE PO BOX 521666 Address: Address: LONGWOOD, FL 32752 City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: () Delete Title: () Change (X) Addition NACKINO, ANN T Name: Name: Address: Address: PO BOX 521666

City-St-Zip:

LONGWOOD, FL 32752

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.

SIGNATURE: PAUL C NACKINO D 04/30/2008