


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000062046	
1. Entity Name P.I.M.L., INC.	

Principal Place of Business 12945 VANDERBILT DR., APT. 402 NAPLES, FL 34110	Mailing Address 12945 VANDERBILT DR., APT. 402 NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



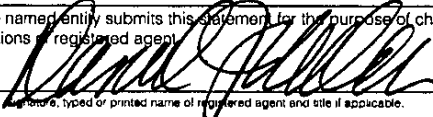
01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1615013	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINN, JEFFREY C ESQ. 307 AIRPORT RD. NORTH NAPLES, FL 34104

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 1/16/07
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

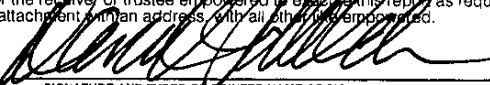
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELCH, DANIEL J 12945 VANDERBILT DR NAPLES, FL 34110
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01/19/07-80050-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment to this report, with all other officers and directors.	
SIGNATURE: 	DATE: 1/16/07 DAYTIME PHONE: 2395975192
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	