## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000040369

Entity Name: PROGRAM CONTROLS, INC.

21055 YACHT CLUB DR, #1008

AVENTURA, FL 33180

Address:

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
21055 NE 37TH STREET SUITE 1008			21055 NE 37TH AVE #1008	2	
AVENTURA, FL 33180			AVENTURA, FL 33180	AVENTURA, FL 33180	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
21055 NE 37TH STREET SUITE 1008 AVENTURA, FL 33180			21055 NE 37TH AVE #1008 AVENTURA EL 3318		
	: 04-3640855	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOC		<b>A</b> .			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () STEIN, PAUL 21055 YACHT ( AVENTURA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () KUMAR, ASHISI 15189 SW 33R DAVIE, FL 333	O STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	STD () ROBINSON, SU	Delete SAN T	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PAUL STEIN PD 04/25/2008