
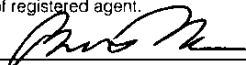
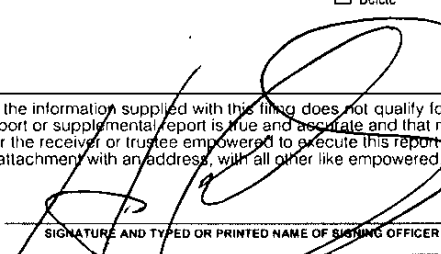


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90037 009 ***150.00

DOCUMENT # P02000042460 1. Entity Name PMIC GROUP, INC.					
Principal Place of Business 6191 6TH AVENUE SOUTH ST. PETERSBURG, FL 33707			Mailing Address 4000 24TH STREET NORTH #308 SAINT PETERSBURG, FL 33714 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FFL Number 04-3666129 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04302007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent LAW OFFICE OF RICHELLE M. MARSICO 5835 MEMORIAL HWY. SUITE 19 TAMPA, FL 33615			7. Name and Address of New Registered Agent Name Law Offices Marsico + Biledeau Street Address (P.O. Box Number is Not Acceptable) 8370 W. Hillsborough Ave Suite 201 City Tampa FL Zip Code 33615		
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  Brian Biledeau DATE 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KLESZCZOWSKI, HENRY 4000 24TH STREET NORTH, LOT 208 ST. PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kleszczowski, Henry 4000 24th Street North, Lot 308 St. Petersburg, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, YVONNE 6191 6TH AVENUE SOUTH ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'KEEFE, NORMA 1233 38TH AVENUE NORTH ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with an address, with all other like empowered.					
SIGNATURE:  HENRY KLESZCZOWSKI DATE 4/30/07 DAYTIME PHONE # 727-522-1826 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					