2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102656

Entity Name: PTC FLORIDA, INC

City-St-Zip: CORAL SPRINGS, FL 33065

FILED Apr 29, 2005 Secretary of State

Entity Name: PTC FLORIDA, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
STE #405	ST SAMPLE R				
CORAL SF	PRINGS, FL 3	3065			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
701 BRICKELL AVE STE 3000 MIAMI, FL 33131			STE #405	10100 WEST SAMPLE RD STE #405 CORAL SPRINGS, FL 33065	
FEI Number:	54-2101305	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
INTERSTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 US			STE #405	10100 WEST SAMPLE RD	
The above in the State		submits this statement for the pu	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: ENDA WALSH				04/29/2005	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAUFIELD, EU	AMPLE RD, STE 405	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOLANDS MEN	Delete NENDEZ, FERNANDO SAMPLE RD, STE 405 GS, FL 33065	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WALSH, ENDA	Delete SAMPLE RD, STE 405 GS, FL 33065	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOLANOS VAL	Delete LE, FERNANDO AMPLE RD, STE 405 GS, FL 33065	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MCCANN, D.V.	Delete	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: ENDA WALSH V 04/29/2005