
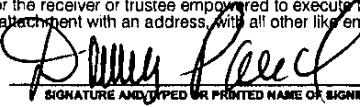


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # P02000130960 | |  |
| 1. Entity Name PDMG, INC. | | |
| Principal Place of Business 15025 NW 77 AVENUE #113 MIAMI, FL 33014 US | Mailing Address 15025 NW 77 AVENUE #113 MIAMI, FL 33014 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE., 2ND FLOOR CORAL GABLES, FL 33134 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | U000000683525 04/05/07-80048-022 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PANDO, DOMINGO 15025 NW 77 AVENUE, SUITE 113 MIAMI, FL 33014 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 03/23/07 305-362-2900 <small>Date Daytime Phone #</small> |