2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 12, 2006 08:00 AM Secretary of State DOCUMENT # P03000029623 PCY INVESTMENTS, INC. Principal Place of Business Mailing Address 7032 9A53FDLANE 6800 SA40 STFMB#394 MAM. FL 33155 MAM, FL 33155 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1479450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSE, G. DENNIS DO NOT WRITE 9495 SW 72 ST # B-285G. MIAMI, FL 33173 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TRIE NAME CHEN-YOUNG, PAUL STREET ADDRESS 7032 SW 53RD LANE 11000000382911 CITY-ST-ZIP MIAMI, FL 33155 01/12/06-80030-021 150.00 TITLE CHEN-YOUNG, CLAUDINE NAME STREET ADDRESS 2349 KING PLACE CITY-ST-ZIP WASHINGTON, DC 20007 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED