


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90004 033 ***158.75

DOCUMENT # P03000145513

1. Entity Name
 PHMPROMKT, INC.



Principal Place of Business
 12 EVERETT STREET
 SHERBORN, MA 01770 US

Mailing Address
 12 EVERETT STREET
 SHERBORN, MA 01770 US

2. Principal Place of Business
 9023 Town Center Parkway
 Suite, Apt. #, etc.

3. Mailing Address
 9023 Town Center Parkway
 Suite, Apt. #, etc.



01072005 Chg-P CR2E034 (10/03)

City & State
 Bradenton, FL

City & State
 Bradenton, FL

4. FEI Number
 20-0446479

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip
 34202

Country
 USA

Zip
 34202

Country
 USA

6. Name and Address of Current Registered Agent

STUART C. WARDLAW, CPA PA
 2929 E COMMERCIAL BOULEVARD
 501
 FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	P/S MCDONALD, PATRICK 12 EVERETT STREET SHERBORN, MA 01770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9023 Town Center Parkway Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(l), 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 affidavit, with all other like empowered.

SIGNATURE: *Patrick H. McDonald* *Stuart C. Wardlaw* X 1/10/05 941-9070911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #