2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 23, 2006 08:00 AN **DOCUMENT # P03000156249 Secretary of State** PCTS INTERNATIONAL CORP. Principal Place of Business Mailing Address 1680 NW 82ND AVENUE 9369 SHERIDAN STREET MIAMI, FL 33126 COOPER CITY, FL 33024 DO NOT WRITE IN THIS SPACE 01182006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-0517147 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SUAREZ, FABIAN A PSTD 7533 MUTINY AVE IN THIS SPACE MIAMI, FL 33141 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when refristating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 2000035069 2000035069 2000035069 2000035069 10. OFFICERS AND DIRECTORS TITLE **PSTD** SUAREZ, FABIAN A NAME STREET ADDRESS 7533 MUTINY AVENUE CITY-ST-ZIP MIAMI, FL 33141 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIDE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CHY-ST-ZIP IME 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. will feel the empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR