2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 08:00 A Secretary of State

ANNUAL KEPUKI				Secretary of St			
DOCU	MENT # P040001305			, L	secreta	iry of S	
1. Entity Name PMP ULTRA TECH INC.				•			
1 1411 021	TA (BOTTINO.						
Principal Plac	e of Business	Mailing Address	1				
	FFERON COURT 32726 US	42316 E SAFFERON COURT Eustis, FL 32726 US					
EUSTIS, FL	32/20 03	E03113, FC 32720 U3		I PERMENICAL	PRISE RIGHT ADISE RASH ASIR	r Mane (IIII delat ella	. III.O (2)1661 If 400f
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DO NOT WRITE IN THIS SPACE			CE '	04072007	No Chg-P	CR2E034 (1	1/05)
			CE	4. FEI Number 20-1847			Applied For Not Applicable
					of Status Desired	□ \$8.7	5 Additional
	6. Name and Address of Current Re	glatered Agent		or continection	- Clatus Dosired	Fee R	equired
			1				•
PUCINO, PETER 42316 E SAFFERON COURT				DO	NOT W	RITE	•
EUSTIS, F	FL 32726			IN T	HIS SP	ACE	
							•
8. The above	named entity submits this statement for t	ne purpose of changing its register	ed office or registe	red agent, or both	, in the State of Flo	rida. I am familia	r with, and accept
	tions of registered agent.		·	•			•
SIGNATURE.	Signature, typed or printed name of registered agent and	httle if applicable (NOTE: Registeri	ed Agent signature require	d when reinstating)		DATE	
				· ·			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE NAME	PVST PUCINO, PETER						
STREET ADDRESS	1				Hooned	700701	
CITY-S1-ZIP	EUSTIS, FL 32726			• •	U00000 -04/20/07	760331 80009-02:	150.00
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP			-				
NAME				•		• •	· ·
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE			-		THIS SF		
NAME				IIM I	mio or	ACE	
STREET ADDRESS CITY-ST-ZIP			s	•	•		
TITLE			1 ,		•	; ,	
NAME STREET ADDRESS							
CITY-SI-ZIP				٠			
TITLE						,	
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 frue 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:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #