

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 13, 2005  
Secretary of State**

DOCUMENT# P04000140170

Entity Name: PORTFOLIO MANAGEMENT GROUP OF FLORIDA, INC.

**Current Principal Place of Business:**

1275 W GRANADA BLVD  
SUITE 4-A  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1275 W GRANADA BLVD  
SUITE 4-A  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 20-1725809      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRASNICK, ARTHUR P  
1275 W GRANADA BLVD  
SUITE 4-A  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: STRASNICK, ARTHUR P  
Address: 1275 W GRANADA BLVD. SUITE 4-A  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VS (X) Delete  
Name: STRASNICK, JANE  
Address: 1275 W GRANADA BLVD. SUITE 4-A  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: STRASNICK, ARTHUR P  
Address: 1275 W GRANADA BLVD. SUITE 4-A  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR STRASNICK

PTSD

10/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date