

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90087 019 ***150.00

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| DOCUMENT # P05000007806 |  |
| 1. Entity Name P/M MARKETING ETC, INC | |

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| Principal Place of Business 9226 S.E. 122ND PLACE SUMMERFELD, FL 34491 | Mailing Address 9226 S.E. 122ND PLACE SUMMERFELD, FL 34491 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State SUMMERFIELD, FL | City & State SUMMERFIELD, FL |
| Zip Country | Zip Country |



03132006 Chg-P CR2E034 (11/05)

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|---|--|---|
| 4. FEI Number 06-1742827 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SAUNDERS, CATHERINE C 10117 S. US HWY 441 BELLEVIEW, FL 34420 | | 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 reappointing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES LEALOS, PATRICK M 9226 S.E. 122ND PLACE SUMMERFELD, FL 34491 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition SUMMERFIELD, FL 34491 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECR LEALOS, MARIA M 9226 S.E. 122ND PLACE SUMMERFELD, FL 34491 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition SUMMERFIELD, FL 34491 |
| 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 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: Patrick M. Lealos **PATRICK M. LEALOS** 3/14/06 (352) 245-6965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #