

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90001 008 \*\*\*150.00

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # P05000009330</b><br>1. Entity Name<br><b>PCM ENGINEERING, INC.</b>   |   |  |   |
| Principal Place of Business<br><del>3306 PIN OAK LANE</del><br><del>TAMPA, FL 34618</del>  |   | Mailing Address<br><del>6325 JACQUELINE ARBOR DR</del><br><del>TEMPLE TERRACE, FL 33617</del>  |   |
| 2. Principal Place of Business<br><b>8509 Sunstate Street</b><br>Suite, Apt. #, etc.<br><b>Suite 201</b><br>City & State<br><b>Tampa, Florida</b><br>Zip<br><b>33634</b>   |   | 3. Mailing Address<br><b>328 West Bearss Avenue</b><br>Suite, Apt. #, etc.<br><br>City & State<br><b>Tampa, Florida</b><br>Zip<br><b>33613</b>   |   |
| 4. FEI Number<br><b>20-2154548</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75</b> Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>DRUMMOND, TEMPLE H</b><br><del>6325 JACQUELINE ARBOR DR</del><br><del>TEMPLE TERRACE, FL 33617</del>   |   | 7. Name and Address of New Registered Agent<br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>328 West Bearss Avenue</b><br><br>City <b>Tampa</b> <b>FL</b> Zip Code <b>33613</b>                |   |
| 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.<br>SIGNATURE <u>Temple H. Drummond</u> , <u>Temple H. Drummond</u> <u>7/26/2006</u><br><small>Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>CRESPO, PEDRO</b><br><b>3306 PIN OAK LANE</b><br><b>TAMPA, FL 34618</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <u>7/27/06</u><br><small>Date</small>  |   |

**50023343**



07262006 Chg-P CR2E034 (11/05)

ATTACHMENT

50023.343

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July 27, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Document No. **P05000009330**

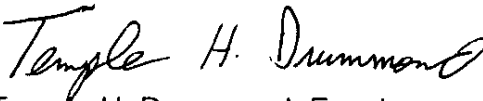
Dear Sir/Madam:

Enclosed is a 2006 Uniform Business Report for PCM Engineering, Inc., along with their check in the amount of \$150.00.

Our client did not receive any notifications from the Department of State in connection with its Uniform Business Report. This may be due to a change of mailing address for the Registered Agent and for the client.

Please call if you have any questions or if I can be of further assistance in this matter.

Sincerely,

  
Temple H. Drummond, Esquire