2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115784

Entity Name: PMS MANAGEMENT SERVICES, INC.

FILED Apr 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4741 US HIGHWAY 19 30337 US 19 NORTH SUITE Q NEW PORT RICHEY, FL 34652 CLEARWATER, FL 33761

Current Mailing Address: New Mailing Address:

4741 US HIGHWAY 19
NEW PORT RICHEY, FL 34652
30337 US 19 NORTH SUITE Q
CLEARWATER, FL 33761

FEI Number: 20-3337753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DIGRANDI, MARY S
4741 US HIGHWAY 19
NEW PORT RICHEY, FL 34652 US
DIGRANDI, MARY S
30337 US 19 NORTH SUITE Q
CLEARWATER, FL 33761 US

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: M. SUSAN DIGRANDI 04/13/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Name: DIGRANDI, MARY S

Address: 4741 US HIGHWAY 19 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: V () Delete
Name: CILIBERTI, COLETTE
Address: 4741 US HIGHWAY 19

City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: DIGRANDI, MARY S

Address: 30337 US 19 NORTH SUITE Q City-St-Zip: CLEARWATER, FL 33761

Title: V (X) Change () Addition

Name:CILIBERTI, COLETTEAddress:30337 US 19 NORTH SUITE QCity-St-Zip:CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: M. SUSAN DIGRANDI P 04/13/2006