

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112253

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** PCO CLIENT MANAGEMENT, INC.

**Current Principal Place of Business:**

1217 CAPE CORAL PARKWAY, #121  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1217 CAPE CORAL PARKWAY, #121  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 20-5453378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

URBAN & THIER, P.A.  
200 S. ORANGE AVENUE, SUITE 2025  
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NEUMEIER, ANGELIKA J  
Address: 1217 CAPE CORAL PARKWAY, #121  
City-St-Zip: CAPE CORAL, FL 33904 US

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

Title: P (X) Change ( ) Addition  
Name: NEUMEIER FUCHS, ANGELIKA J  
Address: 1217 CAPE CORAL PARKWAY, #121  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify 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: ANGELIKA J. NEUMEIER FUCHS

P

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date