2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

PMEX, IN	MENT # P06000153 ic.	3700	:			04-30-2008	90185 02	29 ***150	0.00
Principal Place of Business 2311 SANTA BARBARA BOULEVARD UNIT 115 CAPE CORAL, FL 33991		Mailing Address 9296 SCARLETTE OAK AVE FT. MYERS, FL 33967				11 1 K 11 1 1 12 10 112	KI IRBKA BIJEK BI	TILDI II IGOI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Number 30-03977	706		_ 	oplied For at Applicable
Zip	Country Zip		Countr	ry	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	t Registered Agent			7. Name and A	ddress of New R	Registered A	gent -	
	ETICIA RLETTE OAK AVE S, FL 33967			Name Street Address (P.O. Box Number	is Not Acceptable	e)		
				City		<u> </u>	FL	Zip Cod	le
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered	d office or register	red agent, or both,	in the State of Fk		amiliar with,	and accept
SIGNATURE_									
	Signature, typed or printed name of registered agent								
		raid the rappicade. (NO)	E: Hegistered	Agent signature required	d when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 /ay 1, 2008 Fee will be \$550.	9. Election Campa	ign Financ	cing \$5	.00 May Be led to Fees		DATE		
After Ma	E NOW!!! FEE IS \$150.00 /	9. Election Campa Trust Fund Cont	ign Financ	cing \$5	.00 May Be led to Fees	HANGES TO OFF		DIRECTOR	S IN 11
After Ma	E NOW!!! FEE IS \$150.00 Ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont	ign Financeribution. 11.	ping \$5	.00 May Be led to Fees	HANGES TO OFF		DIRECTOR:	S IN 11
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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 receive 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

239-242-4301

Daytime Phone #