

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000074171

Entity Name: PMG PROPERTIES, INC.

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

1417 SHADWELL CIRCLE
HEATHROW, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

217 N WESTMONTE DRIVE
#1007
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3207417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, N D JR
GREENSPOON, MARDER, ET. AL.
201 E. PINE ST., SUITE 500
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: DP () Delete
Name: GILARDI, MICHAEL M
Address: 1417 SHADWELL CIRCLE
City-St-Zip: HEATHROW, FL 32746

Title: ST () Delete
Name: GILARDI, PAMELA J
Address: 1417 SHADWELL CIRCLE
City-St-Zip: HEATHROW, FL 32746

Title: VP () Delete
Name: GRAY, N D JR
Address: 201 E. PINE ST., SUITE 500
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL M. GILARDI

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date