2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061569

Entity Name: PMCI, INC.

FILED Jan 08, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|--|---|----------------------------------|---|--|--|
| 237 DELE DEBARY, F | | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 237 DELE DEBARY, F | | | | | |
| FEI Number: | 59-3261507 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address | | | | New Registered Agent: | |
| GIFT, ESTI 237 DELEC DEBARY, F | ON RD | JS | | | |
| | named entity of Florida. | submits this statement for the p | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATUF | RE: | | | | |
| | Electron | ic Signature of Registered Age | nt | Date | |
| Election Can | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (GIFT, ESTHER 237 DELEON F DEBARY, FL 3 | | Title: (Name: Address: City-St-Zip: |) Change () Addition | |

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: ESTHER GIFT D 01/08/2007