
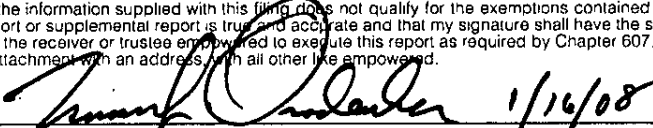


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000017684					
<b>1. Entity Name</b> PGA MGP CORP.					
<b>Principal Place of Business</b> C/O NORMAN G. OTODENKER TILLINGHAST 10 WEYBOSSET ST., 10TH FLOOR PROVIDENCE, RI 02903			<b>Mailing Address</b> C/O NORMAN G. OTODENKER TILLINGHAST 10 WEYBOSSET ST., 10TH FLOOR PROVIDENCE, RI 02903		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 13-3840327	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
AXELROD, ALAN D 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000790571 01/23/08-80056-008 150.00	
NAME	COHEN, DANIEL		NAME		
STREET ADDRESS	ONE KENNEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRANSTON, RI 02920		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, DANIEL		NAME		
STREET ADDRESS	ONE KENNEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRANSTON, RI 02920		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, DOUGLAS		NAME		
STREET ADDRESS	ONE KENNEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRANSTON, RI 02920		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODENKER, NORMAN G		NAME		
STREET ADDRESS	10 WEYBOSSET ST., 10TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE, RI 02903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHRETTER, BERNARD		NAME		
STREET ADDRESS	115 CONSTITUTION BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, MA 02038		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORETSKY, JOEL		NAME		
STREET ADDRESS	405 LEXINGTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10174		CITY-ST-ZIP		
<b>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 receiver 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.</b>					
<b>SIGNATURE:</b>  1/16/08			<b>401-456-1200</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Norman G. Odenker, Secretary			Date Daytime Phone #		