
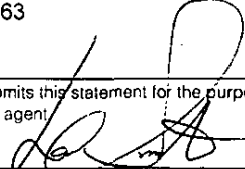
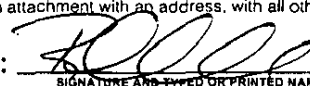


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90083 019 ***150.00

DOCUMENT # P95000068707 1. Entity Name PERFORMANCE COMMUNICATION GROUP, INC.			
Principal Place of Business 24761 US HIGHWAY 19 NORTH SUITE 630 CLEARWATER, FL 33763		Mailing Address 24761 US HIGHWAY 19 NORTH SUITE 630 CLEARWATER, FL 33763	
2. Principal Place of Business - No P.O. Box # 2430 Estancia Blvd.		3. Mailing Address 2430 Estancia Blvd.	
Suite, Apt. #, etc. Suite 108		Suite, Apt. #, etc. Suite 108	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33761		Zip 33761	
Country US		Country US	
4. FEI Number 59-3340999		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOURTAS, LOUIS C 24761 US HIGHWAY 19 NORTH SUITE 630 CLEARWATER, FL 33763		7. Name and Address of New Registered Agent Name Scourtas, Louis C. Street Address (P.O. Box Number is Not Acceptable) 2430 Estancia Blvd. Suite 108 City Clearwater FL Zip Code 33761	
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. SIGNATURE  Louis C. Scourtas DATE 4/25/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOT, ROGER 24761 US HIGHWAY 19 NORTH, STE. 630 CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Elliott, Roger 2430 Estancia Blvd. Suite 108 Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		DATE: 4/27/07	