
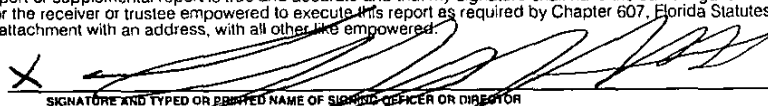


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90194 013 \*\*\*150.00

<b>DOCUMENT # P96000042605</b> 1. Entity Name <b>PG ASSET MANAGEMENT, INC.</b>																					
Principal Place of Business <b>13105 BLISSFIELD RD. ODESSA, FL 33556 US</b>		Mailing Address <b>13105 BLISSFIELD RD. ODESSA, FL 33556 US</b>																			
2. Principal Place of Business <b>13100 State Rd 54</b> Suite, Apt. #, etc.		3. Mailing Address <b>13100 State Rd 54</b> Suite, Apt. #, etc.																			
City & State <b>Odessa FL</b> Zip <b>33556</b> Country		City & State <b>Odessa FL</b> Zip <b>33556</b> Country																			
4. FEI Number <b>59-3379892</b>		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																			
6. Name and Address of Current Registered Agent  <b>GAETO, ANTHONY 17106 DOWNS DRIVE ODESSA, FL 33556</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>GAETO, ANTHONY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>17106 DOWNS DRIVE ODESSA, FL 33556</b></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>GAETO, ANTHONY</b>		CITY-ST-ZIP	<b>17106 DOWNS DRIVE ODESSA, FL 33556</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>X</b> 		Date <b>4-25-05</b> Daytime Phone #																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ANTHONY GAETO</b>																					