

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000040996

Entity Name: PMS PROPERTIES, INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

310 SW OCEAN BLVD.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

5205 N IRONWOOD RD
SUITE 101
MILWAUKEE, WI 53217 US

New Mailing Address:

6 ISLE RIDGE WEST
HOBE SOUND, FL 33455 US

FEI Number: 58-2368395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNDHEIM, FREDERICK G JR.
310 SW OCEAN BLVD.
STUART, FL 34994 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: DV () Delete
Name: CAIN, TALBOT
Address: 316 S. BEACH
City-St-Zip: HOBE SOUND, FL 33455

Title: S () Delete
Name: PLUM, KATHERINE
Address: 6 ISLE RIDGE WEST
City-St-Zip: HOBE SOUND, FL 33455

Title: P () Delete
Name: SEAMAN, ELEANOR R
Address: 164 GOMEZ RD
City-St-Zip: HOBE SOUND, FL 33455

Title: T (X) Delete
Name: HESTEKIN, GERALD L
Address: 5205 N. IRONWOOD RD. #101
City-St-Zip: MILWAUKEE, WI 53217

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:

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

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: KATHARINE F. PLUM

PRES

01/10/2007

Electronic Signature of Signing Officer or Director

Date