## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000053642

Entity Name: PTM EAST COAST, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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150 NATIONAL PLACE, UNIT 110 LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

150 NATIONAL PLACE, UNIT 110 LONGWOOD, FL 32750

FEI Number: 59-3451418 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RHEE, KI HYUNG RHEE, KI H

150 NATIONAL PLACE, UNIT 110

LONGWOOD, FL 32750 US

150 NATIONAL PLACE, UNIT 110

LONGWOOD, FL 32750 US

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: KI H. RHEE 04/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: RHEE, KI HYUNG Name: RHEE, KI H

Address: 150 NATIONAL PLACE, UNIT 110
City-St-Zip: LONGWOOD, FL 32750
Address: 150 NATIONAL PLACE, UNIT 110
City-St-Zip: LONGWOOD, FL 32750
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RHEE, SHIN H
 Name:

 Address:
 150 NATIONAL PLACE, UNIT 110
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

Name: RHEE, YOUN K Name:

Address: 150 NATIONAL PLACE, UNIT 110 Address:
City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KI H. RHEE PD 04/24/2008