## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 07, 2006 08:00 AM Secretary of State **BOCUMENT # P97000089904** P.C. CONTROLS, INC. Principal Place of Business Mailing Address 132 NE 30TH ST 519 S FLAGLER AVE WILTON MANORS, FL 33334 **BAY 25** POMPANO BEACH, FL 33060 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0789111 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONAWAY, NORMAN P DO NOT WRITE 132 NE 30TH ST WILTON MANORS, FL 33334 IN THIS SPACE 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 access the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CONAWAY, NORMAN P NAME STREET ADDRESS 132 N.E 30TH ST CITY-ST-ZIP WILTON MANORS, FL 33334 TITLE NAME 000000496757 04/22/06-80026-005 150.00 STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP NAME STREET ADDRESS

12. Thereby 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

954.568-961