

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90005 014 \*\*\*150.00

<b>DOCUMENT # P98000056367</b> 1. Entity Name <b>P.R.L.M., INC.</b>					
Principal Place of Business <b>7211 1ST AVE SOUTH</b> <b>SAINT PETERSBURG, FL 33707</b>			Mailing Address <b>PO BOX 48547</b> <b>ST PETERSBURG, FL 33743-8547</b>		
2. Principal Place of Business - No P.O. Box # <b>7217 1st Ave S.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		City & State <b>St. Petersburg FL</b>		4. FEI Number <b>59-3518155</b>	
Zip <b>33707</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAPPAS, PAULINE A</b> <b>7211 1ST AVENUE SOUTH</b> <b>SAINT PETERSBURG, FL 33707</b> <b>(7217)</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7217 1st Ave South</b> 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 the registered agent. SIGNATURE <u><i>Pauline A Pappas</i></u> DATE <u>6-22-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>PAPPAS, PAULINE A</b> <b>3211 PARK ST NORTH</b> <b>ST PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>PAPPAS, FLORENCE</b> <b>7211 1ST AVE S</b> <b>SAINT PETERSBURG, FL 33707</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>ANDRIX, CYNTHIA Y</b> <b>7211 1ST AVENUE S.</b> <b>ST. PETERSBURG, FL 33707</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.P</b> <b>HULBERT, LORI PAPPAS</b> <b>9557 S. KINGSTON COURT</b> <b>ENGLEWOOD, CO 80134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<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: <u><i>Pauline A Pappas</i></u> Date <u>6/22/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					