## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # P98000057429 t. Entity Name PWMC INC. Principal Place of Business Mailing Address 1904 CANYONWOOD CT VALRICO FL 33594 1904 CANYONWOOD CT. VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3516721 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALSH, PAUL R 1904 CANYONWOOD CT. Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 City Zip Code 5. 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when romaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ☐ Delete RITLE TITLE Change ☐ Addition NAME WALSH JR, PAUL NAME 1904 CANYON WOOD CT STREET ADDRESS STREET ADDRESS U0UUUU4382**2**3 CITY-ST-ZIP VALRICO FL 33594 City ST-ZIP *02/28/06-80079-011 150.00* Deleta BHE JIT) F ☐ Change Addition 🔲 MANE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST-709 THE Derete TITS F □ Change ∆ddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 3133 F ☐ October MLE □ Change Addition COLLEGE MAME STREET ADDRESS STREET ADDRESS CUTY-ST-TIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 afficer or director of the corporation or the receiver or trustes 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.

FILED

Feb 17, 2006 08:00 AM