


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000060370</b>		
1. Entity Name <b>P.M.G.T. INVESTMENTS, INC.</b>		

Principal Place of Business <b>10010 SOUTH FEDERAL HWY, SUITE 6 PORT ST LUCIE FL 34952</b>	Mailing Address <b>10010 SOUTH FEDERAL HWY, SUITE 6 PORT ST LUCIE FL 34952</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0883866</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GOLDMAN, DIANA 1858 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34952</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PRADEL, GILBERTE J			NAME			
STREET ADDRESS	6 VILLA GEORGE SAND			STREET ADDRESS			
CITY-ST-ZIP	75016 PARIS, FRANCE			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PRADEL, MARCEL			NAME			
STREET ADDRESS	6 VILLA GEORGE SAND			STREET ADDRESS			
CITY-ST-ZIP	75016 PARIS, FRANCE FL 34952			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PRADEL, THIERRY			NAME			
STREET ADDRESS	47 RUE LA FONTAINE			STREET ADDRESS			
CITY-ST-ZIP	75016 PARIS, FRANCE			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	GOLDMAN, DIANA			NAME			
STREET ADDRESS	1858 SE PORT ST LUCIE BLVD			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		Diana Goldman	4/28/05 (772) 325-0965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			