
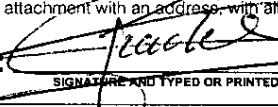


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90271 041 \*\*\*150.00

<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>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1104 SE Westchester Drive</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Port St. Lucie, FL</b>		4. FEI Number <b>65-0883866</b>	
Zip <b>34952</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOLDMAN, DIANA 1858 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD PRADEL, GILBERTE J 6 VILLA GEORGE SAND 75016 PARIS, FRANCE,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PRADEL, MARCEL 6 VILLA GEORGE SAND 75016 PARIS, FRANCE, FL 34952</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PRADEL, THIERRY 47 RUE LA FONTAINE 75016 PARIS, FRANCE,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GOLDMAN, DIANA 1858 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 		<b>Gilberte J. Pradel</b>		<b>3/14/06 (772) 349-7771</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**50005760**



03142006 Chg-P CR2E034 (11/05)