## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000060370

1. Entity Name

P.M.G.T. INVESTMENTS, INC.

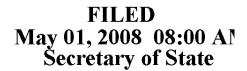


Principal Place of Business

10010 SOUTH FEDERAL HWY, SUITE 6 PORT ST LUCIE, FL 34952

Mailing Address

1104 SE WESTCHESTER DR PORT SAINT LUCIE, FL 34952





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04082008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0883866 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, DIANA 1858 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952

the obtigations of registered agent.

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## DO NOT WRITE IN THIS SPACE

SIGNATURE					
	Signature, typed or printed name of registered agent and latte st	applicable (NOTE: Registeri	ed Agent signature	required when reinstating)	OATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	~	\$5.00 May Be Added to Fees	U00000939825 05/28/08-80043-013 150 00
10.	OFFICERS AND DIREC	TORS			The state of the s
TITLE NAME	SD PRADEL, GILBERTE J	•	il e		
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STREET ADDRESS CITY-ST-ZIP	47 RUE LA FONTAINE 75016 PARIS, FRANCE,		4 4	DO	NOT WRITE
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NAME	GOLDMAN, DIANA				
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NAME					A with the case of the control of th
STREET ADDRESS					
CITY-ST-7IP			I .		and the state of t

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

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 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:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

PRINTER OF