

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90023 048 \*\*\*550.00

**DOCUMENT # P98000061087**

1. Entity Name  
P.C.C., INC.



Principal Place of Business      Mailing Address

C/O HUFFMAN      C/O HUFFMAN  
350 ROYAL PALM WAY #409      350 ROYAL PALM WAY #409  
PALM BEACH, FL 33480      PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02052007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

65-0856739      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUFFMAN, KENT 350 ROAYL PALM WAY SUITE 409 PALM BEACH, FL 33480	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code
	FL

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESNEY, JOHN <input checked="" type="checkbox"/> Delete	NAME	<b>P/D JOHN CHESNEY</b>
STREET ADDRESS	C/O HUGEMAN 350 ROYAL PALM WAY #409	STREET ADDRESS	<b>C/O HUFFMAN, 350 ROYAL PALM WAY</b>
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
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 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: JOHN CHESNEY      Date: 6/11/07      Daytime Phone #: 561-644-1144