

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90094 035 \*\*\*150.00

<b>DOCUMENT # P98000061087</b> 1. Entity Name <b>P.C.C., INC.</b>																																					
Principal Place of Business <b>350 ROYAL PALM WAY #409</b> <b>PALM BEACH, FL 33480</b>		Mailing Address <b>350 ROYAL PALM WAY #409</b> <b>PALM BEACH, FL 33480</b>																																			
2. Principal Place of Business - No P.O. Box # <b>c/o Kent Huffman, Esq.</b> Suite, Apt. #, etc. <b>515 N. Flagler Dr., #801</b> City & State <b>West Palm Beach, FL</b> Zip                      Country <b>33401                      USA</b>		3. Mailing Address <b>c/o Kent Huffman, Esq.</b> Suite, Apt. #, etc. <b>515 N. Flagler Dr., #801</b> City & State <b>West Palm Beach, FL</b> Zip                      Country <b>33401                      USA</b>																																			
4. FEI Number <b>65-0856739</b>		Applied For <input type="checkbox"/> Not Applicable																																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		01222008    Chg-P    CR2E034 (12/06)																																			
6. Name and Address of Current Registered Agent <b>KENT HUFFMAN</b> <b>350 ROYAL PALM WAY</b> <b>SUITE 409</b> <b>PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent <b>Kent Huffman, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 North Flagler Drive</b> <b>Suite 801</b> City                      State                      Zip Code <b>West Palm Beach, FL 33401</b>																																			
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. <div style="text-align: center;"> <b>Kent Huffman, Esquire</b>                      <b>January 28, 2008</b> </div> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>PD</b>  <b>CHESNEY, JOHN</b>  <b>% HUFFMAN 350 ROYAL PALM WAY</b>  <b>PALM BEACH, FL 33480</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>CHESNEY, JOHN</b> <b>% HUFFMAN 350 ROYAL PALM WAY</b> <b>PALM BEACH, FL 33480</b>		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <u><i>John Chesney</i></u> <u><i>Kent Huffman</i></u> <u>4/15/08</u> <u>561-644-1144</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>																																					