2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # V21456

1. Entity Name

P & M NEWS, INC.



Principal Place of Business

TAMPA, FL 33609

2811 W. KENNEDY BLVD.

Mailing Address

2811 W. KENNEDY BLVD. TAMPA, FL 33609

FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90169 040 ***150.00



DO NOT WRITE IN THIS SPACE

 04172006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

 59-3203266
 Not Applied For Not Applicable

 5. Cartificate of Status Posited
 \$8.75 Additional

5. Certificate of Status Desired [

Fee Required

6. Name and Address of Current Registered Agent

MATASSINI, NICHOLAS M 2811 W. KENNEDY BLVD. TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

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 tibe	it applicatio	(NOTE: Barrietera	d Anent eignetur	required when reinstating)	DATE
	agrature, typed is printed name of registered again, and use	паррисаре.	(NOTE: Negrable	o Agent signaturi	i i declara era miliani i i amistarina)	DAIL
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MATASSINI, NICHOLAS M 2811 W. KENNEDY BLVD. TAMPA, FL 33609		·			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS 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 appowered.

SIGNATURE: A SCHARLING AND TYPE OF BRINTED HAVE OF SIGNING OFFICER OR DIRECTO

1/06 8/38796227