


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000000083**

1. Entity Name  
**PCT CHINA, INC.**



Principal Place of Business  
**200 WALLINS CORNERS ROAD  
ARSTERDAM, NY 12010**

Mailing Address  
**200 WALLINS CORNERS ROAD  
ARSTERDAM, NY 12010**



03282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1513626**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MYLOTT, ROBERT  
7129 DORNOUGH LANE  
BRADENTON, FL 34202**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MYLOTT, ROBERT<br>7129 DORNOUGH LANE<br>BRADENTON, FL 34202         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CV<br>JORDAN, LAWRENCE<br>200 WALLINS CORNERS ROAD<br>AMSTERDAM, NY 12010 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVC<br>MEEHAN, JERRY<br>200 WALLINS CORNERS ROAD<br>MASTERDAM, NY 12010   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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04/22/06-80021-022 150.00

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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: Robert E Mylott Pres Date 4/3/2006 Daytime Phone # 518-225-7092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #