


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90394 033 ***150.00

DOCUMENT # F01000006209
 1. Entity Name
PACOM SYSTEMS (NORTH AMERICA) INC.



Principal Place of Business Mailing Address
339 INTERSTATE BLVD **339 INTERSTATE BLVD**
SARASOTA, FL 34240 **SARASOTA, FL 34240**

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
52-2336000 Not Applicable

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

6. Name and Address of Current Registered Agent
GRIFFITH, ANDREW
339 INTERSTATE BLVD.
SARASOTA, FL 34240

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	CURRAN, PATRICK
STREET ADDRESS	339 INTERSTATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VD
NAME	STROHFELDT, GREGORY
STREET ADDRESS	339 INTERSTATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VD
NAME	STRANG, EDWIN
STREET ADDRESS	339 INTERSTATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VS
NAME	DAVIES, HYWEL
STREET ADDRESS	339 INTERSTATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	M
NAME	OLIVER, J. SCOTT MR MINNIKIN, ANDREW B
STREET ADDRESS	339 INTERSTATE BLVD 339 INTERSTATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34240 SARASOTA FL 34240
TITLE	M
NAME	GRIFFIN, ANDREW GRIFFITH, ANDREW J
STREET ADDRESS	339 INTERSTATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34240

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ANDREW J. GRIFFITH** 4-22-05 941-378-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #