


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90042 023 ***150.00

DOCUMENT # F05000000492

1. Entity Name
PA ACQUISITION CORP



Principal Place of Business
**980 ATLANTIC AVENUE
 SUITE 103
 ALAMEDA, CA 94501**

Mailing Address
**980 ATLANTIC AVENUE
 SUITE 103
 ALAMEDA, CA 94501**

2. Principal Place of Business - No P.O. Box #
25 Green Pond Rd
 Suite, Apt. #, etc.
Suite #1

3. Mailing Address
25 Green Pond Rd
 Suite, Apt. #, etc.
Suite #1


City & State
Rockaway, NJ

City & State
Rockaway, NJ

Zip Country
07866 USA

Zip Country
07866 USA

400



01072008 Chg-P CR2E034 (12/06)

4. FEI Number
04-3401434

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ALLEN, MARTY CEO 980 ATLANTIC AVE., STE. 103 ALAMEDA, CA 94501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORREALE, MICHAEL A TREASUR 980 ATLANTIC AVE., STE. 103 ALAMEDA, CA 94501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEPF, JOSEPH SECRETA 980 ATLANTIC AVE. STE 103 ALAMEDA, CA 94501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTENBERG, GERALD C 980 ATLANTIC AVENUE, STE. 103 ALAMEDA, CA 94501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, JAMES M 980 ATLANTIC AVENUE, STE. 103 ALAMEDA, CA 94501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FERRARO, OPAL CFO 980 ATLANTIC AVENUE, STE. 103 ALAMEDA, CA 94501	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Lisa Leube 25 Green Pond Road, Suite #1 Rockaway, NJ 07866	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Gregg Melnick 25 Green Pond Road, Suite #1 Rockaway, NJ 07866	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joseph Zepf 25 Green Pond Road, Suite #1 Rockaway, NJ 07866	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerald Rittenberg 80 Grasslands Road Elmsford, NY 10523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Harrison 80 Grasslands Road Elmsford, NY 10523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Small One Boston Place Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 information.

SIGNATURE: Joseph J Zepf **Joseph J Zepf** 2/1/08 973 453 8663

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