


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90042 049 ***150.00

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DOCUMENT # F06000005253				
1. Entity Name PAI GROUP, INC.				
Principal Place of Business 840 N LENOLA RD - UNIT 6 MOORESTOWN, NJ 08057		Mailing Address 840 N LENOLA RD - UNIT 6 MOORESTOWN, NJ 08057		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1952428 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WILLIAM J		NAME	
STREET ADDRESS	840 N LENOLA RD - UNIT 6		STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN, NJ 08057		CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEFF		NAME	
STREET ADDRESS	840 N LENOLA RD - UNIT 6		STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN, NJ 08057		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILIP, WILLIAM		NAME	
STREET ADDRESS	840 N LENOLA RD - UNIT 6		STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN, NJ 08057		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCELANEY, ANDREW J		NAME	
STREET ADDRESS	840 N LENOLA RD - UNIT 6		STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN, NJ 08057		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETTEL, MATTHEW T		NAME	
STREET ADDRESS	840 N LENOLA RD - UNIT 6		STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN, NJ 08057		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, PHILIP		NAME	
STREET ADDRESS	840 N LENOLA RD - UNIT 6		STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN, NJ 08057		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 empowered.				
SIGNATURE: _____		4/9/07	856-231-467	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	