2004 FOR PROFIT CORPORATION

Apr 22, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L60429 1. Entity Name PAJMM, INC. Principal Place of Business Mailing Address PETER S. CAHALL 300 INT'L PKWY #270 PETER S. CAHALL 300 INT'L PKWY #270 HEATHROW, FL 32746 HEATHROW, FL 32746 04142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3022274 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAHALL, PETER S. DO NOT WRITE 300 INTERNATIONAL PKWY **SUITE 270** IN THIS SPACE HEATHROW, FL 32746 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. (NOTE Registered Agent signature required when reinstalled) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS 10. TITLE CAHALL, PETER S. NAM U00000125611 STREET ADDRESS 300 INT'L PKWY #270 04/22/04-8009I-024 **1**50.**0**0 CBY-ST-ZIP HEATHROW, FL TITLE NAME CAMPISI, JAMES M. STREET ADDRESS 300 INT'L PKWY #270 CITY-SI-ZIP HEATHROW, FL HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-IN 3137£ IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CRY-ST-TIP

12. I hereby certify that the information supplied with this filling 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 eath, that I am an officer or director of the comporation 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:

THILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED