

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060578

FILED  
May 03, 2007  
Secretary of State

Entity Name: PAVILION BROKERAGE COMPANY

## Current Principal Place of Business:

5605 CARNEGIE BLVD.  
SUITE 110  
CHARLOTTE, NC 28209

## New Principal Place of Business:

## Current Mailing Address:

5605 CARNEGIE BLVD.  
SUITE 110  
CHARLOTTE, NC 28209

## New Mailing Address:

FEI Number: 20-1008350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARR, TODD O  
Address: 5605 CARNEGIE BLVD. , SUITE 110  
City-St-Zip: CHARLOTTE, NC 28209

Title: VP ( ) Delete  
Name: DAVIES, RICHARD M  
Address: 5605 CARNEGIE BLVD. , SUITE 110  
City-St-Zip: CHARLOTTE, NC 28209

Title: T ( ) Delete  
Name: HOWE, CYNTHIA K  
Address: 5605 CARNEGIE BLVD. , SUITE 110  
City-St-Zip: CHARLOTTE, NC 28209

Title: AS ( ) Delete  
Name: LANKFORD, THOMAS TODD  
Address: 5605 CARNEGIE BLVD. , SUITE 110  
City-St-Zip: CHARLOTT, NC 28209

Title: S ( ) Delete  
Name: PORTER, KERRI CARTER  
Address: 5605 CARNEGIE BLVD. , SUITE 110  
City-St-Zip: CHARLOTT, NC 28209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD O CARR

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date