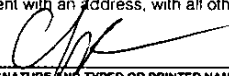


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90282 023 ***150.00

DOCUMENT # P04000140279 1. Entity Name CHRISTOPHER PACE, PA					
Principal Place of Business 9087 IRON OAK AVE TAMPA, FL 33647			Mailing Address 9087 IRON OAK AVE TAMPA, FL 33647		
2. Principal Place of Business 28922 stormcloud Pass Suite, Apt. #, etc.		3. Mailing Address 28922 stormcloud Pass Suite, Apt. #, etc.			
City & State Wesley Chapel, FL Zip 33543 Country US		City & State Wesley Chapel, FL Zip 33543 Country US		4. FEI Number 97-1214517	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PACE, CHRISTOPHER M 9087 IRON OAK AVE TAMPA, FL 33647 - address change ->			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 28922 stormcloud Pass City Wesley Chapel FL Zip Code 33543		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PACE, CHRISTOPHER M 9087 IRON OAK AVE TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	28922 stormcloud Pass Wesley Chapel, FL 33543	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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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: 			4-15-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		