2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090543

FILED Aug 10, 2004 Secretary of State

| Entity Na | me: TOM PA | NCALLO, INC. | | | |
|---|---|---------------------------------------|---|--|--|
| Current P | rincipal Plac | e of Business: | New Principal Place | New Principal Place of Business: | |
| 2881 SW 84 AVE. DAVIE, FL 33328 | | | 3730 S W 55TH AVE DAVIE, FL 33314 | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| PO BOX 2 FORT LAU | 90778 JDERDALE, F | L 33329 | | | |
| FEI Number | : 65-0623143 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and Address of | f New Registered Agent: | |
| PANCALL 5263 NW 3 MARGATE | | US | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | gent | Date | |
| | | 93(2)(b), F.S., the corporation did r | not receive the prior notice. | | |
| | S AND DIREC | - · · · | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (PANCALLO, T 5263 NW 30TI MARGATE, FL | 1 CT | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOM PANCALLO **PRES** 08/10/2004