2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 215410

Entity Name: P. A. D., INC.

FILED Jan 06, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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480 E PARKINS MILL RD GREENVILLE, SC 29607 US

Current Mailing Address: New Mailing Address:

P. O. BOX 8814 GREENVILLE, SC 29604 US

FEI Number: 59-6067279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANK, ALBERT 3102 SCHILLER STREET TAMPA, FL 33629 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VST () Delete Title: (X) Change () Addition GRIFFIN, JAMES E, GRIFFIN, JAMES E, Name: Name: 4201 COLUMBINE CIRCLE 4201 COLUMBINE CIRCLE Address: Address: City-St-Zip: CHARLOTTE, NC 28211 City-St-Zip: CHARLOTTE, NC 28211 US

Title: PD () Delete Title: PD (X) Change () Addition Name: NICKELL, DONALD H.,, JR. Name: NICKELL, DONALD H.,, JR.

Address: 480 E PARKINS MILL RD Address: 480 E PARKINS MILL RD City-St-Zip: GREENVILLE, SC 29607 City-St-Zip: GREENVILLE, SC 29607 US

Title: D () Delete Title: D (X) Change () Addition Name: COMER, ANNE N., Name: COMER, ANNE N.,

 Name:
 COMER, ANNE N.,
 Name:
 COMER, ANNE N.,

 Address:
 917 CLOISTER DRIVE
 Address:
 917 CLOISTER DRIVE

 City-St-Zip:
 GASTONIA, NC 28056
 City-St-Zip:
 GASTONIA, NC 28056 US

Title: D () Delete Title: D (X) Change () Addition

Name:GRIFFIN, PATRICIA N.,Name:GRIFFIN, PATRICIA N.,Address:4201 COLUMBINE CIRCLEAddress:4201 COLUMBINE CIRCLECity-St-Zip:CHARLOTTE, NC 28211City-St-Zip:CHARLOTTE, NC 28211 US

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: DONALD H. NICKELL, JR. PRES 01/06/2008