2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90078 029 ****70.00

DOCUMENT # 741890

1. Entity Name
PACT, INC.

Principal Place of Business	Mailing Address
1111 MCMULLEN BOOTH RD CLEARWATER, FL 33759 US	1111 MCMULLEN BOOTH RD CLEARWATER, FL 33759 US

01182007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1803628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREEDMAN, ROBERT 1111 MCMULLEN BOOTH RD. CLEARWATER, FL 33759	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FREEDMAN, ROBERT 1612 FARRIER TRAIL CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HOFFMAN, MATTHEW P 5014 THE RIVIERA TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4004 S. MacDill Ave Tampa, FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CANTONIS, GEORGE 205 BAYVIEW DR CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	855 Pine St., P O Box 338 Tarpon Springs, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOUCHARD, RICHARD E 1350 SAGO CT DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	101 Starcrest Dr. Clearwater, FL 33765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD INZINA, TOMMY 405 BUTTONWOOD LN LARGO, FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT JUBAIL, KAREN 5643 BAYVIEW DR SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: Karen Jubail 1-26-07 7277122762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #