## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 8:00 am Secretary of State

DOCU 1. Entity Nam PACT, IN	me	#741890								07 90078 0		
Principal Place of Business Mailing Address 1111 MCMULLEN BOOTH RD 1111 MCMULLEN BOOTH CLEARWATER, FL 33759 US CLEARWATER, FL 33759							Ellhozaa					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							1861 <b>- 1</b> 011 - 1011 - 1011 - 1	<b>4</b>  3   <b>5 5   5 3  6</b>  3	HILLE SI ILLI
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01182007	Chg-NP	CR2E	037 (12/06)	
City & State			City & State					4. FEI Numbe 59-180			<del></del>	pplied For ot Applicable
Zip	Zip Country		Zip Co			intry	5. Certificate of Status Desired S8.75 Additional Fee Regulred					ditlonal
	6. Name	and Address of Curren	l t Registere	d Agent		ļ		7. Name and	Address of N	ew Registered		,
FREEDMAN, ROBERT						Name						
1111 MCM	MULLEN BO	OOTH RD.				Street Address (P.O. Box Number is Not Acceptable)						
						City				F	L Zip Cod	í <del>o</del>
8. The above the obligat	e named entity itions of registe	y submits this statement f ered agent.	or the purpo	ose of changing its i	registere	ed office o	r registere	ed agent, or bot	h, in the State	of Florida. I ar	n familiar with,	and accept
0.0												
SIGNATURE .		or printed name of registered agen	t and title if appl	icable. (NOTE:	: Registered	d Agent signat	ure required	when reinstating)		DATE		
SIGNATURE	Signature, typed o	or printed name of registered agen e is \$61.25 lay 1, 2007	nt and title if appl	9. Election Cam Trust Fund Co	ıpaign Fi	inancing		\$5.00 May B Added to Fees	е		ck payable t	
10.	Filling Fee Due by M	e is \$61.25		9. Election Cam Trust Fund Co	ıpaign Fi	inancing		\$5.00 May B		Make che Florida Depa	ck payable t	tate
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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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07 7277122762