


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

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| DOCUMENT # F03000005034 |  |
| 1. Entity Name PAT IONADI CORPORATION | |

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| Principal Place of Business 4615 BUTLER ST. PITTSBURGH, PA 15201 | Mailing Address 3033 HARTLEY RD., STE. 2 JACKSONVILLE, FL 32257 |
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DO NOT WRITE IN THIS SPACE



07072006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 25-1230758 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SERIG, MICHAEL 3033 HARTLEY RD., STE. 2 JACKSONVILLE, FL 32257 | DO NOT WRITE IN THIS SPACE |
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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 re-registering) DATE _____

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| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P IONADI, PATRICK 3175 BEECHWOOD DR. ALLISON PARK, PA 15101 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST IONADI, CONSTANCE 3175 BEECHWOOD DR. ALLISON PARK, PA 15101 |
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000000575141
09/05/06-80010-020 550.00

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 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.

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|---|---------------------|--------------------------------|
| SIGNATURE: <i>Patrick Ionadi President</i> | 8/31/06 | 412-682-4996 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |