2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F04000002372

Entity Name: PACIFIC CYCLE INC.

Current Principal Place of Business:

4902 HAMMERSLEY RD
MADISON, WI 537112614

New Principal Place of Business:

Current Mailing Address:

4902 HAMMERSLEY RD
MADISON, WI 537112614

New Mailing Address:

FEI Number: 20-0654635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	SCHWARTZ, MARTIN	
Address:	9 ROXBORO AVE	
City-St-Zip:	WESTMOUNT QUEBEC CANADA, H3Y1M1	
Title:	D	( ) Delete
Name:	TILLETT, ALICE	
Address:	4902 HAMMERSLEY RD	
City-St-Zip:	MADISON, WI 537112614	
Title:	D	( ) Delete
Name:	FREHNER, JEFF	
Address:	4902 HAMMERSLEY RD	
City-St-Zip:	MADISON, WI 537112614	
Title:	S	( ) Delete
Name:	SILVIS, ROBERT	
Address:	4902 HAMMERSLEY RD	
City-St-Zip:	MADISON, WI 537112614	
Title:	P	( ) Delete
Name:	TILLETT, ALICE	
Address:	4902 HAMMERSLEY RD	
City-St-Zip:	MADISON, WI 53711	
Title:	CFO	( ) Delete
Name:	KMOCH, ROBERT	
Address:	4902 HAMMERSLEY RD	
City-St-Zip:	MADISON, WI 53711	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SCHWARTZ, JEFFERY	
Address:	45 ST CLAIR WEST	
City-St-Zip:	TORONTO, ON M4V 1K9 CA	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: ROBERT SILVIS S 04/29/2009

Electronic Signature of Signing Officer or Director Date