


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90111 049 ***150.00

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| DOCUMENT # F04000004899 |  |
| 1. Entity Name PAGOSA TECHNOLOGIES, INC. | |

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| Principal Place of Business 6500 GREENVILLE AVENUE, SUITE 400 DALLAS, TX 75206 | Mailing Address 6500 GREENVILLE AVENUE, SUITE 400 DALLAS, TX 75206 |
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| 2. Principal Place of Business - No P.O. Box # 1651 N. Collins Boulevard | 3. Mailing Address 1651 N. Collins Boulevard |
| Suite, Apt. #, etc. Suite 180 | Suite, Apt. #, etc. Suite 180 |
| City & State Richardson, Tx | City & State Richardson, Tx |
| Zip 75080-3604 | Zip 75080-3604 |
| Country | Country |

6001111



01162007 Chg-P CR2E034 (12/06)

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLAYLOCK, LEONARD L IV 6500 GRENNVILLE AVE, STE 400 DALLAS, TX 75206 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLAYLOCK, LEONARD L IV 1651 N. COLLINS BLVD, STE 180 RICHARDSON, TX 75080-3604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP REITER, STEPHEN E 6500 GREENVILLE AVENUE, SUITE 400 DALLAS, TX 75206 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P/S REITER, STEPHEN E. 1651 N. COLLINS BLVD, STE 180 RICHARDSON, TX 75080-3604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCC SLAUGHTER, CHRISTOPHER 6500 GREENVILLE AVE. STE 400 DALLAS, TX 75206 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/C SLAUGHTER, CHRISTOPHER 1651 N. COLLINS BLVD, STE 180 RICHARDSON, TX 75080-3604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS KUMAR, VEN KATESH 6500 GREENVILLE AVE, STE 400 DALLAS, TX 75206 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KUMAR, VENKATESH 1651 N. COLLINS BLVD, STE 180 RICHARDSON, TX 75080-3604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Christopher Slaughter **CHRISTOPHER SLAUGHTER, CHAIRMAN** **2/2/2007** **214-521-1194**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #