2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2007 08:00 A DOCUMENT # F97000003372 **Secretary of State** 1. Entity Name PACE PIC N SAV, INC. Principal Place of Business Mailing Address 5774 FOREST HILLS LANE **5774 FOREST HILLS LANE** MILTON, FL 32570 MILTON, FL 32570 CR2E034 (11/05) 03112007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-1076305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOCKLIN JR, JACK DO NOT WRITE 77 JONES AVENUE MILTON, FL 32570 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CULPEPPER, D B STREET ADDRESS **5774 FOREST HILLS LN** MILTON, FL 32570 CITY-ST-7IP TITI F U00000675147 NAME 03/30/07-80007-017 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling 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: D. Bramon Culyeyen D. Brannon Culpeper 3-13-07 850-995-8778

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP