

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002004

Entity Name: PANAMERICAN CONSULTANTS, INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

5910 BENJAMIN CENTER DR
STE 120
TAMPA, FL 33634

New Principal Place of Business:

PO BOX 20884
ATTN: LINDA CORTESELLI
TUSCALOOSA, AL 35402

PO BOX 20884
ATTN: STEVEN REED
TUSCALOOSA, AL 35402

FEI Number: 63-1001908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, PAUL L
5910 BENJAMIN CENTER DR STE 120
TAMPA, FL 33634 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: CP () Delete
Name: MISTOVICH, TIMOTHY S
Address: 2205 4TH STREET SUITE 21 & 22
City-St-Zip: TUSCALOOSA, AL 35401

Title: DST () Delete
Name: JAMES, STEPHEN R JR.
Address: 2205 4TH STREET SUITE 21 & 22.
City-St-Zip: TUSCALOOSA, AL 35401

Title: DV () Delete
Name: CINQUINO, MICHAEL A
Address: 2205 4TH STREET SUITE 21 & 22
City-St-Zip: TUSCALOOSA, AL 35401

Title: D () Delete
Name: MISTOVICH, CECILE H
Address: 2205 4TH STREET SUITE 21 & 22
City-St-Zip: TUSCALOOSA, AL 35401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN REED

BM

01/11/2006

Electronic Signature of Signing Officer or Director

Date