2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F98000002158 1. Entity Name PA GROUP, INC. Mailing Address Principal Place of Business 2797 ST. ANDREWS BLVD. 2797 ST. ANDREWS BLVD. TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688 US

FILED Jan 31, 2005 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2957607

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

		•			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST JAIN, NARESH C 2797 ST. ANDREWS BLVD. TARPON SPRINGS, FL. 34688				000000206834 02/01/05-80013-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<i>==</i> · · · ·	. 73	
TITLE NAME STREET AODRESS CITY-ST-ZIP					

12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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:

NARESH C. JAIN