
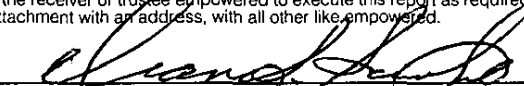


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90041 015 ***150.00

DOCUMENT # H64543		
1. Entity Name PAGANI, INC.		
Principal Place of Business 3303 SO. SEMORAN BLVD. ORLANDO, FL 32822	Mailing Address 2531 BOGGY CREEK ROAD KISSIMMEE, FL 32744	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GAUCHAT, DIANA S 2531 BOGGY CREEK ROAD KISSIMMEE, FL 34744		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GAUCHAT, DIANA S. 2531 BOGGY CREEK RD KISSIMMEE, FL 34744	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PALAZZOLO, ARLENE MD 2531 BOGGY CREEK RD KISSIMMEE, FL 34744	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2855128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

Date: 4/14/04 Daytime Phone #: 407-984-1098