## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 01, 2006 08:00 A DOCUMENT # H70436 Secretary of State 1. Entity Name PACIFIC WORLD PRODUCTS, INC. Mailing Address Principal Place of Business 1202 PAWNEE TERRACE 1202 PAWNEE TERRACE INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 CR2E034 (11/05) 04262006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2825560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEESE, THOMAS M CPA DO NOT WRITE 307 EAST LINCOLN AVE MELBOURNE, FL 32901 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. DATE Signature, typed or printed name of registered spent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 11000000551212 FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 05/13/06-80088-020 150.00 OFFICERS AND DIRECTORS 10. TITLE LONERGAN, JOHN P. NAME STREET ADDRESS 1202 PAWNEE TERRACE INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**