

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48085

Entity Name: PAIR-A-DICE, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

219 MIRACLE STRIP PKWY  
% TIMOTHY W. SMITH  
FORT WALTON BEACH, FL 32548

## Current Mailing Address:

1 BEAL PARKWAY NE  
% CHRIS KING  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

219 MIRACLE STRIP PKWY SW  
% TIMOTHY W. SMITH  
FORT WALTON BEACH, FL 32548

## New Mailing Address:

FEI Number: 59-2920036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, TIMOTHY W  
1 BEAL PARKWAY NE  
FT WALTON BEACH, FL 32548 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: D ( ) Delete  
Name: SMITH, TIMOTHY W  
Address: 1 BEAL PARKWAY  
City-St-Zip: FT WALTON BEACH, FL

Title: STD ( ) Delete  
Name: SKEEN, JACQUELINE  
Address: 1 BEAL PARKWAY  
City-St-Zip: FT WALTON BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SMITH, TIMOTHY W  
Address: 1 BEAL PARKWAY NE  
City-St-Zip: FT WALTON BEACH, FL

Title: STD (X) Change ( ) Addition  
Name: SKEEN, JACQUELINE  
Address: 1 BEAL PARKWAY NE  
City-St-Zip: FT WALTON BEACH, FL

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: JACQUELINE SKEEN

STD

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date