

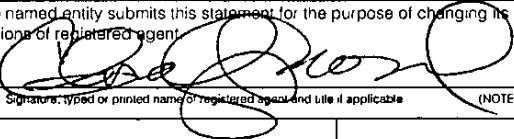
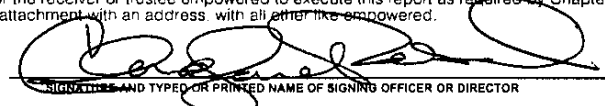


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000008538</b>		
1. Entity Name PASCAL INTERNATIONAL, INC.		
Principal Place of Business 1240 MARIOLA COURT CORAL GABLES, FL 33134	Mailing Address C/O BESSEMER TRUST COMPANY OF FLORIDA 801 BRICKELL AVENUE MIAMI, FL 33131	 01042007 No Chg-NP CR2E037 (4/06)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 65-1066949		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  BESSEMER TRUST COMPANY OF FLORIDA 801 BRICKELL AVENUE MIAMI, FL 33131		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  (NOTE: Registered Agent signature required when reinstating) 2/6/07 DATE		
Filing Fee is \$61.25 Due by May 1, 2007		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	D PASCAL, CLARA 1240 MARIOLA COURT CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINWRIGHT, NANCY 641 SOUTH LAKELAND AVENUE SEVERNA PARK, MD 21146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHEEN, JANE 6 TUXEDO ROAD RUMSON, NJ 07760	
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 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 617, 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:  2/6/07 3057907279 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		