2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006
Secretary of State

DOCUMENT# N02000006538

Entity Name: PACTS 2002, INC

Current Principal Place of Business:

5106 CLARION HAMMOCK DR
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

5106 CLARION HAMMOCK DR
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 82-0550322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, LURA L
5106 CLARION HAMMOCK DR
ORLANDO,, FL 32808 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALLEN, LURA L
Address: 5106 CLARION HAMMOCK DR
City-St-Zip: ORLANDO, FL 32808 US

Title: D ( ) Delete
Name: GALLOWAY, VALORIE P
Address: 6725 KNIGHTSWOOD DR
City-St-Zip: ORLANDO, FL 32818 US

Title: D ( ) Delete
Name: OVEREND, JOY
Address: 5697 WESTVIEW DR
City-St-Zip: ORLANDO, FL 32810 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: KING, ALISA
Address: 6003 THAMES WAY
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LURA ALLEN D 08/08/2006

Electronic Signature of Signing Officer or Director — Date