

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006538

FILED
Jul 31, 2008
Secretary of State

Entity Name: PACTS 2002, INC

Current Principal Place of Business:

5106 CLARION HAMMOCK DR
ORLANDO, FL 32808 US

New Principal Place of Business:

6537 ABBEYDALE CT.
ORLANDO, FL 32818 US

Current Mailing Address:

5106 CLARION HAMMOCK DR
ORLANDO, FL 32808 US

New Mailing Address:

6537 ABBEYDALE CT
ORLANDO, FL 32818 US

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:

ALLEN, LURA L
6537 ABBEYDALE CT
ORLANDO,, FL 32818 US

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: _____

07/31/2008

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: D () Delete
Name: KING, ALISA
Address: 6003 THAMES WAY
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLEN, LURA L
Address: 6537 ABBEYDALE CT
City-St-Zip: ORLANDO, FL 32818 US

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

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

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

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 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

07/31/2008

Electronic Signature of Signing Officer or Director

Date