

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002456

Entity Name: PAWPAW'S PALS, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

P.O.BOX 952949
LAKE MARY, FL 327952949

New Principal Place of Business:

1041 PADDINGTON TERRACE
LAKE MARY, FL 327952949

Current Mailing Address:

P.O.BOX 952949
LAKE MARY, FL 327952949

New Mailing Address:

FEI Number: 51-0456601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIMONE, DIANA
1562 FARRINDON CIRCLE
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

SCIMONE, DIANA
1041 PADDINGTON TERRACE
LAKE MARY, FL 32746 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:

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCIMONE, DIANA
Address: P.O.BOX 952949
City-St-Zip: LAKE MARY, FL 327952949

Title: D () Delete
Name: STANKO, JR., JOHN W DR.
Address: P.O.BOX 91099
City-St-Zip: PITTSBURGH, PA 152217069

Title: D () Delete
Name: STANKO, KATHRYN S
Address: P.O.BOX 91099
City-St-Zip: PITTSBURGH, PA 152217069

Title: D (X) Delete
Name: MUNIZZI, ANGELA
Address: 70A LOVELL AVENUE
City-St-Zip: STATEN ISLAND, NY 10314

Title: D (X) Delete
Name: THOREEN, COLLEEN M
Address: P.O.BOX 952949
City-St-Zip: LAKE MARY, FL 327952949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MUNIZZI, ANGELA
Address: P.O.BOX 952949
City-St-Zip: LAKE MARY, FL 32795

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 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: DIANA SCIMONE

DIR

04/24/2007

Electronic Signature of Signing Officer or Director

Date