2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012831

Entity Name: PAG FOUNDATION, INC.

FILED Apr 25, 2007 Secretary of State

Littly Nan	ie. PAGTOU	NDATION, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
SUITE 102	O GARDENS				
Current Mailing Address:			New Mailing Address:		
	_				
SUITE 102	O GARDENS ON, FL 33432				
FEI Number:	20-3992231	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
350 CAMIN SUITE 102	F, MICHAEL D O GARDENS ON, FL 33432	BOULEVARD			
The above in the State		ubmits this statement for the pur	pose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MASANOFF, MIC	ARDENS BOULEVARD SUITE 102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RIEDERS, CRAI 100 SE 2 ST 44 MIAMI, FL 3313	FLOOR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition COLLINS, PETER H 350 CAMINO GARDENS BOULEVARD #102 BOCA RATON, FL 33432	
Title: Name: Address: City-St-Zip:	D () HEEMSKERK, E 1291 SW 9TH S BOCA RATON, F	TREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MIRONOV, DAVID 120 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition VECCIA,, JOSEPH 1800 LAKE DRIVE DELRAY BEACH, FL 33444	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HASNER,, ADAM 33 N. E. 4TH AVENUE DELRAY BEACH, FL 33483	

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: MICHAEL D. MASANOFF D 04/25/2007