2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# N28400

Entity Name: PAS DE VIE, INC.

Current Principal Place of Business:

1704C CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1508 HOKOLIN NENE
TALLAHASSEE, FL 323015834 US

New Mailing Address:

FEI Number: 59-2957585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, ROBERT AUGUSTUS
325 WEST PARK AVENUE
TALLAHASSEE, FL 323011413 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: PD ( ) Delete
Name: LAWRENCE, NOEL CRONIN
Address: 1508 HOKOLIN NENE
City-St-Zip: TALLAHASSEE, FL 323015834

Title: D ( ) Delete
Name: HAGAN, CHARLES
Address: 2031 WAHALAW NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: BOTHA, NATALIA
Address: 2031 WAHALAW NENE
City-St-Zip: TALLAHASSEE, FL 32301

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NOEL CRONIN LAWRENCE PD 04/15/2004

Electronic Signature of Signing Officer or Director — Date