


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90033 008 \*\*\*\*70.00

<b>DOCUMENT # N97000005163</b> 1. Entity Name <b>PHILIPPINE-AMERICAN CORPORATION OF FLORIDA</b>					
Principal Place of Business <b>P.O. BOX 640654 BEVERLY HILLS, FL 34464</b>			Mailing Address <b>P.O. BOX 640654 BEVERLY HILLS, FL 34464</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3466349</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZEHM, NENA L 27 ROOSEVELT BLVD. P.O BOX 640654 BEVERLY HILLS, FL 34465</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>NENA Zehm</u>		<u>Nena Zehm</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>2/16/06</u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CALANTINO, NICK</b> <b>1858 ELDER BERRY LANE</b> <b>INVERNESS, FL 34453</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Dr. Frank Delmar</b> <b>191 chase</b> <b>Hernando, Fl. 34442</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT <b>MARLETT, MARIA</b> <b>P.O BOX 1175</b> <b>HOMOSASSA, FL 34447</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Mark aberle</b> <b>96 Pine St.</b> <b>Homesassa, Fl. 34446</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS <b>CALANTINO, CARMEN</b> <b>1858 ELDER BERRY</b> <b>INVERNESS, FL 34453</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D <b>LINA IRVIN</b> <b>5049 W. 81st brooke st</b> <b>Homosassa, Fl. 34446</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>YAREMA, JOHN</b> <b>5979 SW 42ND STREET</b> <b>BUSHNELL, FL 33516</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Susie yarema</b> <b>5979 SW 42nd St.</b> <b>Bushnell, Fl. 33516</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BELL, REYNA</b> <b>1241 E. ALEGRE DR.</b> <b>INVERNESS, FL 34453</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. <b>Kenneth Withersandley</b> <b>3015 W. Sharpes Dr.</b> <b>Citrus Spring Fl. 34433-4100</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP <b>DULCE, BEVERLY</b> <b>640 N MAN-O-WAR</b> <b>INVERNESS, FL 34453</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nena Zehm</u>		<u>2/16/06</u> (352) 527-0770 <small>Signature and typed or printed name of signing officer or director</small>			