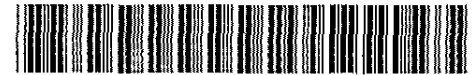


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                                         |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # P00000001485</b>                                                                                                                                                                                               |                                                                                                           |                                                        |                                                              |
| 1. Entity Name<br><b>PADICO CORPORATION</b>                                                                                                                                                                                  |                                                                                                           |                                                                                                                                         |                                                              |
| Principal Place of Business<br><b>3132 FORTUNE WAY<br/>STE D-33<br/>WELLINGTON FL 33414-8728<br/>US</b>                                                                                                                      |                                                                                                           | Mailing Address<br><b>3132 FORTUNE WAY<br/>STE D-33<br/>WELLINGTON FL 33414-8728<br/>US</b>                                             |                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                               |                                                                                                           | 3. Mailing Address                                                                                                                      |                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                          |                                                                                                           | Suite, Apt. #, etc.                                                                                                                     |                                                              |
| City & State                                                                                                                                                                                                                 |                                                                                                           | City & State                                                                                                                            |                                                              |
| Zip                                                                                                                                                                                                                          | Country                                                                                                   | Zip                                                                                                                                     | Country                                                      |
| 6. Name and Address of Current Registered Agent<br><br><b>DILEO, PASQUALE<br/>173 SE OSPREY RIDGE<br/>PORT SAINT LUCIE FL 34953</b>                                                                                          |                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                   |                                                                                                           |                                                                                                                                         |                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b>                                                                                          |                                                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                     |                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                            |                                                                                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                            |                                                              |
| 1011<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | PSTD<br>DILEO, PASQUALE<br>173 SE OSPREY RIDGE<br>PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete | 1111<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 1011<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | V<br>DILEO, PASQUALE<br>173 SE OSPREY RIDGE<br>PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete    | 1111<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 1011<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                           | 1111<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 1011<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                           | 1111<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 1011<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                           | 1111<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 1011<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                           | 1111<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |



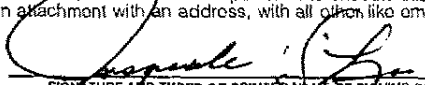
1st MOORE CR2E034 (10/06)

4. FEI Number **65-0973721** Applied For ☐ Not Applied For ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**000000609163**  
**02/01/07-80040-003 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/07 561-791-8271**  
Date Daytime Phone #