


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90172 002 \*\*\*150.00

<b>DOCUMENT # P00000042594</b> 1. Entity Name <b>PAMI MANAGEMENT, INCORPORATED</b>					
Principal Place of Business <b>5041 RINGWOOD MEADOW B SARASOTA, FL 34235</b>			Mailing Address <b>5041 RINGWOOD MEADOW B SARASOTA, FL 34235</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>FERRELL, HUGH C 22 S. TUTTLE AVE., STE. 4 SARASOTA, FL 34237</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>John R. Flanagan, C.P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2831 Ringling Blvd.</b> <b>Suite 204-B</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34237</b>	
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><i>John R. Flanagan</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">4/14/07</span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>RUBIN, MEL 2055 WOOD ST., STE. 202 SARASOTA, FL 34237</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SHEPARD, DOUGLAS 1680 GEORGETOWNE BLVD. SARASOTA, FL 34232</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WIEBUSCH, ROBERT 1685 GEORGETOWNE BLVD. SARASOTA, FL 34232</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ECKERT, BEVERLY 7121 ST. JOHNS WAY UNIVERSITY PARK, FL 34201</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>NEELY, JOAN 2632 SUNNYSIDE ST. SARASOTA, FL 34239</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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.					
<b>SIGNATURE:</b> <u><i>newlin RUBIN</i></u> <span style="float: right;">4/14/07 941-342-4215</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>					