FILED 2006 FOR PROFIT CORPORATION Jan 20, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P00000050820** 1. Entity Name PAI, INC. Principal Place of Business Mailing Address 5804 TYLER STREET 5804 TYLER STREET HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 No Chg-P 01112006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0472017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TUCKER, H ALLAN 5802 TYLER ST HOLLYWOOD, FL 33021 IN THIS SPACE 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 reinstating) Signature, typed or printed name of registered agent and little if applicable, \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, vs BILLE U00000392192 01/24/06-80070-021 150.00 MUNOZ, I NAME 5802 TYLER ST STREET ADDRESS CITY-ST- 7/P HOLLYWOOD, FL 33021 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 triblock 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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