


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90044 037 ***150.00

DOCUMENT # P01000024417 1. Entity Name PADCO HOLDINGS, INC.																													
Principal Place of Business 2117 VINNINGS CIR 803 WELLINGTON FL 33414 <i>New Address</i>			Mailing Address 2117 VINNINGS CIR 803 WELLINGTON FL 33414																										
2. Principal Place of Business - No P.O. Box # 2149 WINGATE Bend		3. Mailing Address Suite, Apt. #, etc. City & State Wellington FL																											
Suite, Apt. #, etc. Zip 33414		Country Zip 33414		Country																									
4. FEI Number 65-1089597				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent DOWLER, PATRICIA 2117 VINNINGS CIR WELLINGTON FL 33414 <i>2149 WINGATE Bend</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Patricia Dowler</i> <i>Padco Holdings Inc</i> <i>4-7-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PS</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOWLER, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2117 VINNINGS CIR <i>2149 WINGATE Bend</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH FL 33414</td> <td></td> </tr> </table>			TITLE	PS	<input type="checkbox"/> Delete	NAME	DOWLER, PATRICIA		STREET ADDRESS	2117 VINNINGS CIR <i>2149 WINGATE Bend</i>		CITY-ST-ZIP	WEST PALM BEACH FL 33414		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:

Patricia Dowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-08 *561-784-7432*