


**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90095 022 \*\*\*150 00

<b>DOCUMENT # P02000067743</b> 1. Entity Name <b>THE PANAMA CORPORATION</b>				<b>Secretary of State</b> 05-10-2006 90095 022 ***150.00	
Principal Place of Business <b>119 B PARIDISO PALCE PANAMA CITY BEACH, FL 32413</b>			Mailing Address <b>119 B PARIDISO PALCE # Y202 PANAMA CITY BEACH, FL 32413</b>		
2. Principal Place of Business <b>406 IOWA AVE.</b>			3. Mailing Address		
Suite, Apt. #, etc. 			Suite, Apt. #, etc.		
City & State <b>LYNN HAVEN, FL</b>			City & State		
Zip <b>32444</b>			Country		
6. Name and Address of Current Registered Agent  <b>WILLIAMS, JACK G 502 HARMON AVENUE PANAMA CITY, FL 32401</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PVTS	<input type="checkbox"/> Delete	TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, BRENDA G		NAME	CALDWELL, BRENDA	
STREET ADDRESS	119 B PARIDISO PLACE		STREET ADDRESS	406 IOWA AVE	
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413		CITY - ST - ZIP	LYNN HAVEN, FL 32444	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Brenda Caldwell</u> <span style="float: right;"><u>05-01-06 (850)</u></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #					