2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 28, 2008 08:00 A Secretary of State

DOCUMEN.	Γ#	P02000	0102550
----------	----	--------	---------

1. Entity Name

PATHFINDER CREDIT GROUP, INC.



Principal Place of Business

Mailing Address

5411 WEST TYSON AVENUE TAMPA, FL 33611 US 5411 WEST TYSON AVENUE TAMPA, FL 33611 US



01162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0643706

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEARNEY, JOHN E 5411 W TYSON AVENUE TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NDTE: Registered Agent signature required when renstating). DATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000874327 04/10/08-90113-013 158.75	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME	CEO KEARNEY, JOHN E SR	·				
STREET ADDRESS	5411 W TYSON AVE					
CITY-ST-ZIP	TAMPA, FL 33611			-		
TITLE	P					
NAME	BALL, BRAD A					
STREET ADDRESS	5411 W TYSON AVE					
CITY-ST-ZIP	TAMPA, FL 33611					
TITLE	D .					
NAME	TOMION, JON C				•	
STREET ADDRESS	5411 W TYSON AVE		•	DO	NOT WRITE	
CITY-S1-ZIP	TAMPA, FL 33611				- · · - · ·	
TITLE	STD			IN T	THIS SPACE	
NAME STREET ADDRESS	KEARNEY, JOHN E JR					
CITY-ST-ZIP	5411 W TYSON AVE TAMPA, FL 33611					
	TAMEA, FL 33011				ļ	
TITLE '				•		
STREET ADDRESS					•	

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

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.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OP OFFICE OF

1-17-08

(813) 831-4490

John E. Kearney President