


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90115 028 ***150.00

DOCUMENT # P03000017693 1. Entity Name THE PRODUCT PAD, INC.					
Principal Place of Business 11170 ELMHURST DR PINELLAS PARK, FL 33782			Mailing Address 11170 ELMHURST DR PINELLAS PARK, FL 33782		
2. Principal Place of Business 10810 72nd Street N. Suite, Apt. #, etc. 209			3. Mailing Address 10810 72nd Street N. Suite, Apt. #, etc. 209		
City & State Largo, FL			City & State Largo, FL		
Zip 33777		Country		Zip 33777	
Country		4. FEI Number 86-1051382			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTON, TOMMY CPA 5100 78 AVE N STE 1 PINELLAS PARK, FL 33782				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATERSON, KIM 11170 ELMHURST DR PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete		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	
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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: <i>Kimberly N Paterson</i>			4/18/06 Date: _____ Daytime Phone #: 727-278-8506		