

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000049021
1. Entity Name
PASADENA MOBILITY, INC.



Principal Place of Business Mailing Address
6983 SUNSET DRIVE 6983 SUNSET DRIVE
SOUTH PASADENA, FL 33707 SOUTH PASADENA, FL 33707

DO NOT WRITE IN THIS SPACE



05012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
75-3113728 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHALL, MICHAEL R
6983 SUNSET DRIVE
SOUTH PASADENA, FL 33707

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHALL, MICHAEL R 6983 SUNSET DRIVE SOUTH PASADENA, FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

100000384255
05/06/05-80035-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael R. Schall Pres 5-3-05 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR