

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071470

Entity Name: PAL LABS, INC.

FILED
Mar 24, 2005
Secretary of State

Current Principal Place of Business:

8207 N. PINE IALAND RD.
SUITE 197
TAMARAC, FL 33321

New Principal Place of Business:

8207 N. PINE ISLAND RD.
SUITE 197
TAMARAC, FL 33321

Current Mailing Address:

8207 N. PINE IALAND RD.
SUITE 197
TAMARAC, FL 33321

New Mailing Address:

8207 N. PINE ISLAND RD.
SUITE 197
TAMARAC, FL 33321

FEI Number: 20-0069461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOEL
3800 INVERRARY BLVD.
SUITE 100-E
FT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

MILLER, JOEL
7927 HIBISCUS CIRCLE
TAMARAC, FL 33321 US

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.

SIGNATURE: JOEL MILLER

03/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: TYMAN, ROBERT J
Address: 8701 NW 83RD STREET
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: TYMAN, ROBERT J.
Address: 8701 NW 83RD STREET
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: TYMAN, ROBERT J.
Address: 8701 NW 83RD STREET
City-St-Zip: TAM,ARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J TYMAN

PRES

03/24/2005

Electronic Signature of Signing Officer or Director

Date