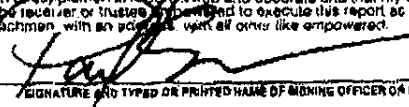


FILED
Jul 05, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000146807		
1. Entity Name PAIFA KAL, INC.		
Principal Place of Business 6989 LEE VISTA BOULEVARD ORLANDO, FL 32822		Mailing Address 6989 LEE VISTA BOULEVARD ORLANDO, FL 32822
DO NOT WRITE IN THIS SPACE		
		08302005 No Chg-P CR2E034 (10/03)
4. FEI Number 86-1090144		Applied Fee Not Applicable
5. Certificate of Status Used ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801		DO NOT WRITE 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 _____ Signature, type or print name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
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.
TO OFFICERS AND DIRECTORS		
TITLE	D	
NAME	DAVID, WALTER W	
STREET ADDRESS	6989 LEE VISTA BOULEVARD	
CITY, ST, ZIP	ORLANDO, FL 32822	
TITLE	D	
NAME	GLOVER, PAUL	
STREET ADDRESS	6989 LEE VISTA BOULEVARD	
CITY, ST, ZIP	ORLANDO, FL 32822	
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statutes. I further certify that the information indicated on this 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 appointed 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 affidavit with all other like empowered.		
SIGNATURE: 		Date _____ Secretary of State