2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # P04000054779** 04-14-2005 90087 003 ***150.00 GEORGE A. PAGAN, INC. Mailing Address Principal Place of Business 8102 CHAMPIONS CIRCLE 8102 CHAMPIONS CIRCLE CHAMPIONS GATE, FL 33896 CHAMPIONS GATE, FL 33896 435 CR2E034 (10/03) 03162005 Applied For 4. FEI Number 20-0928810 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAGAN, GEORGE A-Street Address (P.O. Box Number is Not Acceptable) 8102 CHAMPIONS CIRCLE CHAMPIONS GATE, FL 33896 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Р ☐ Delete TITLE TITLE PAGAN, GEORGE A NAME NAME STREET ADDRESS STREET ADDRESS 8102 CHAMPIONS CIRCLE, APT 206 CITY-ST-ZIP CITY-ST-ZIP CHAMPIONS GATE, FL 33896 Change ☐ Addition VΡ ☐ Delete TITLE PAGAN, JULIANNE NAME NAME 8102 CHAMPIONS CIRCLE, APT 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHAMPIONS GATE, FL 33896 CITY-ST-ZIP Addition ☐ Change s TITLE ☐ Delete TITLE PAGAN, GEORGE A NAME NAME STREET ADDRESS 8102 CHAMPIONS CIRCLE, APT 206 STREET ADDRESS CHAMPIONS GATE, FL 33896 --CITY:ST-ZIP... CITY-ST-ZIP-☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 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