2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 10, 2007 08:00 AM Secretary of State DOCUMENT # P04000059521 PASCHALL ENTERPRISES, INC. Principal Place of Business Mailing Address 9080 PITTSBURGH BLVD. 9080 PITTSBURGH BLVD. FORT MYERS, FL 33912 FORT MYERS, FL 33912 CR2E034 (11/05) 05062007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1203218 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STAFFORD, WILLIAM P DO NOT WRITE 9080 PITTSBURGH BLVD. FORT MYERS, FL 33912 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, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when roinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE STAFFORD, WILLIAM P NAME STREET ADDRESS 9080 PITTSBURGH BLVD. U00000763450 CITY-ST-ZIP FORT MYERS, FL 33912 05/30/07-80011-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR