

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167974

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: PAW PAW PRODUCTIONS, INC.

## Current Principal Place of Business:

6531 LAKE CARLISLE BLVD  
ORLANDO, FL 32829

## New Principal Place of Business:

5027 PATCH ROAD  
ORLANDO, FL 32822

## Current Mailing Address:

6531 LAKE CARLISLE BLVD  
ORLANDO, FL 32829

## New Mailing Address:

FEI Number: 16-1711555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONOVAN, PAULA T  
6531 LAKE CARLISLE BLVD  
ORLANDO, FL 32829      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: DONOVAN, PAULA T  
Address: 6531 LAKE CARLISLE BLVD  
City-St-Zip: ORLANDO, FL 32829

Title: D      ( ) Delete  
Name: DONOVAN, KENNETH R  
Address: 6531 LAKE CARLISLE BLVD  
City-St-Zip: ORLANDO, FL 32829

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: PAULA TAMIKO DONOVAN

MRS.

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date