2007 FOR PROFIT CORPORATION

FILED Apr 30, 2007 08:00 AM Secretary of State

| | ANNUAL | REPORT |
|-----------|------------|--------|
| DOCUMENT# | P050000109 | 950 |

1. Entity Name DON PUMALO CORPORATION

Principal Place of Business

3530 BANKS ROAD #204 MARGATE, FL 33063

Mailing Address

3530 BANKS ROAD #204 MARGATE, FL 33063



CR2E034 (11/05)

Fee Required

DO NOT WRITE IN THIS SPACE

| 04042007 | No Chg-P | CR2E034 (11/05) | | | |
|-------------------|-------------------|-----------------|-------------------|--|--|
| 4. FEI Numbe | r | | Applied For | | |
| 20-2147 | 7308 | | Not Applicable | | |
| 5. Certificate of | of Status Desired | | \$8.75 Additional | | |

6. Name and Address of Current Registered Agent

PUMALO, DONALD 3530 BANKS ROAD #204 MARGATE, FL 33063

SIGNATURE:

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, typed or printed name of registered agent and title it | applicable (NOTE: Registered | Agent signature | required when reinstating) | DATE | - | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finance Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | · | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PUMALO, DONALD · 3530 BANKS ROAD #204 MARGATE, FL 33063 | | | | HOOOOOTAOFEO | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 000000740569 05/14/07-80072-011 1 | ιsο.βο | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 12. I hereby of indicated of the corp changed, | ertify that the information supplied with this fall on this report or supplemental report is true a coration or the receiver or rustee expowered or on an attachment with an address, with all | ing does not qualify for the exented accurate and that my signature to execute this report as require other like empowered. | nptions cor re shall have by Chap | stained in Chapter 119 re the same legal effecter 607, Florida Statute | Florida Statutes. I further certify that the informat t as if made under oath; that I am an officer or dire is: and that my name appears in Block 10 or Block | tion ector 11 if | |