


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90021 039 ***150.00

DOCUMENT # P05000084459		
1. Entity Name PASTORE SERVICES INC		

Principal Place of Business 2934 RIVER BIRCH DR KISSIMMEE, FL 34741	Mailing Address 2934 RIVER BIRCH DR KISSIMMEE, FL 34741
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2. Principal Place of Business - No P.O. Box # 2950 white cedar cir	3. Mailing Address 2950 white cedar cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.



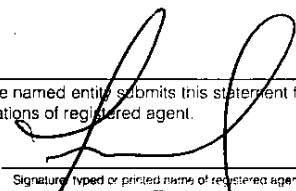
City & State Kissimmee FL.	City & State Kissimmee FL.
Zip 34741	Country Osceola

01292007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PASTORE, FULVIO 2934 RIVER BIRCH DR KISSIMMEE, FL 34741	
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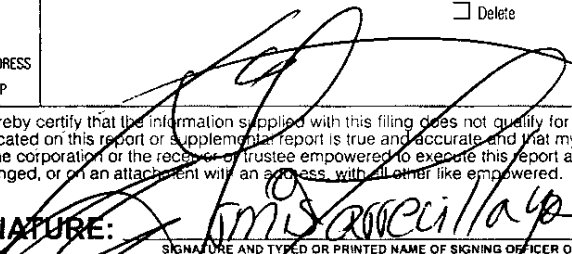
4. FEI Number 20-2987365	Applied For Not Applicable
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7. Name and Address of New Registered Agent Name: Fulvio Pastore Street Address (P.O. Box Number is Not Acceptable) 2950 white cedar cir City: Kissimmee FL 34741	
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8. 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 	DATE 01/29/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASTORE, FULVIO 2934 RIVER BIRCH DR KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Pastore Fulvio 2950 white cedar cir Kissimmee FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARREBILLAGA, YRMIS M 2934 RIVER BIRCH DR KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Yrmis Arrevillaga 2950 white cedar cir Kissimmee FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: 	DATE 01/29/07