STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED 2008 FOR PROFIT CORPORATION Mar 07, 2008 08:00 A **ANNUAL REPORT Secretary of State** DOCUMENT # P05000106824 1. Entity Name MICHAEL K. PAGANI INC. Principal Place of Business Mailing Address 3522 W. AZEELE STREET 3522 W. AZEELE STREET **TAMPA, FL 33609 TAMPA, FL 33609** CR2E034 (11/05) 03032008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3235266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAGANI, MICHAEL K DO NOT WRITE 3522 W. AZEELE STREET TAMPA, FL 33609 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U000000850938 PAGANI, MICHAEL K 03/25/08-80019-001 150.00 NAME STREET ADDRESS 3522 W. AZEELE STREET CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

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: 4 RINZED NAME OF BIGNING OFFICER OR DIRECTOR