## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000030394  1. Entity Name PAN ATLANTIC OPERATIONS, INC.							<b>07 MAY</b> SECRET	TLEL 122 P Artor	Н <b>3:</b> 2 КТАТІ	· [
Principal Place of Business 30 LAZY EIGHT DRIVE PORT ORANGE, FL 32128			Mailing Address 30 LAZY EIGHT DRIVE PORT ORANGE, FL 32128		R	IALL <b>66</b> 1	<b>01674</b> 6	j ORIC	)A Imiran	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt, #, etc.			Suite, Apt. #, etc.			04092007	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Numbi	31			plied For t Applicable	
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current			Registered Agent Name		Name	7. Name and	Address of New R	egistered Ago	ent	
PIERPONT, PETER S 30 LAZY EIGHT DRIVE PORT ORANGE, FL 32128			5		Street Address (	Address (PO Box Number is Not Acceptable)				
					City			FL	Zip Code	
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										
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees										
10.		OFFICERS AND		11,	-·	ADDITIONS,	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	30 LAZY E	T, PETER S EIGHT DRIVE ANGE, FL 32128	☐ Delete						] Change	Addition
TITLE	D		☐ Deliete	TITLE				Ċ	] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ROTH, ST 1543 CHAI DELAND, I	UCER COURT		STRE	ET ADORESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					C	] Change	Addition
THE NAME STREET ACCRESS CITY-ST-ZIP			□ Delete	1	£ 04-	-25-2007 90 -25-2007 90	210 001 ****7 210 002 ****7	5.00	] Change	Addition
TITLE NAME STREET ACCRESS CITY-ST-ZIP			☐ Delete					C	] Change	Addition
name Street address			☐ Celate	NAMESTREE CITY TITLE NAMESTREE	E ET ADORESS -ST-ZIP				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	certify that the fon this report portalion or th or on an atta	information supplied wi for supplemental report e receiver or trustee ym chmen with an address	·	NAME STRE CITY TITLE NAME STRE CITY Or the except	ET ADDRESS -ST-ZIP E E  EET ADDRESS -ST-ZIP emptions contained	d in Chapter 11s same legal effec 7, Flonda Statute	), Florida Statutes, I it as if made under o s; and that my name	further certify	Change	Addition