
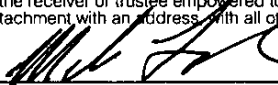


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90073 042 ***158.75

DOCUMENT # P06000151572					
1. Entity Name FORTUNE PACIFIC CORP					
Principal Place of Business 113 HOPE ST TARPON SPRINGS, FL 34689 US			Mailing Address 113 HOPE ST TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8027466	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TSALICKIS, MIKE 113 HOPE ST TARPON SPRINGS, FL 34689			Name Street Address (P.O. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME TSALICKIS, MIKE		<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1912 ROSEPLEN AVE	CITY - ST - ZIP SAN PEDRO, CA 90731			STREET ADDRESS 1912 Roseglen Ave.	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 			STREET ADDRESS 1912 Roseglen Ave.	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 			STREET ADDRESS 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 			STREET ADDRESS 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 			STREET ADDRESS 	
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: 			MIKE TSALICKIS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/14/07 Daytime Phone #: 727-932-4942		