2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06365

Address:

12865 WYNGATE TRAIL

City-St-Zip: ALPHARETTA, GA 30005

Entity Name: PAM FINANCE COMPANY

FILED Apr 15, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
	GHN ROAD S [*] NV, GA 30144			
Current Mailing Address:			New Mailing Address:	
PO BOX 4 KENNESA	40757 \W, GA 30160			
FEI Number	: 58-1630450	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1201 HAY: SUITE 105	SSTREET	ORATION COMPANY		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
SIGNATUI				
	Electror	ic Signature of Registered Age	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () MCGLOIN, WIL 4732 TALLEYB KENNESAW, G	ROOK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VSD () BISCOE, DIANI 117 MARTEN C WALESKA, GA	T., #3134	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VTD () ZUCARO, A C, 126 NANTUCKE BARRINGTON,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () MCLEOD, RICH 4624 FIVE LEA DOUGLASVILL	VES CT.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	CFO () CLEMENTE, JO	Delete DHN JR	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN CLEMENTE JR. CFO 04/15/2008