2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06365

Address:

City-St-Zip:

12865 WYNGATE TRAIL

ALPHARETTA, GA 30005

FILED Feb 11, 2009 Secretary of State

Entity Name: PAM FINANCE COMPANY						
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	GHN ROAD ST .W, GA 30144	E 350	SUITE 350	1990 VAUGHN ROAD SUITE 350 KENNESAW, GA 30144		
Current M	ailing Addres	s:	New Maili	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	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAYS SUITE 105	SSTREET	ORATION COMPANY				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or bo	oth,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MCGLOIN, WIL 4732 TALLEYBI KENNESAW, G	ROOK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () BISCOE, DIANE 117 MARTEN C WALESKA, GA	T., #3134	Title: Name: Address: City-St-Zip:	BISCOE, DIAN	CT., LAKE ARROWHEAD	
Title: Name: Address: City-St-Zip:	VTD () ZUCARO, A C, 126 NANTUCKE BARRINGTON,		Title: Name: Address: City-St-Zip:	VTD (X ZUCARO, A C 126 NANTUCK BARRINGTON	ET LANE	
Title: Name: Address: City-St-Zip:	VP () MCLEOD, RICH 4624 FIVE LEA' DOUGLASVILLE	/ES CT.	Title: Name: Address: City-St-Zip:	MCLEOD, RIC 4624 FIVE LE		
Title: Name:	CFO () CLEMENTE, JC	Delete HN 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** 02/11/2009