


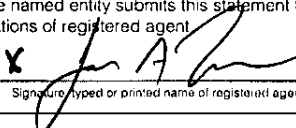
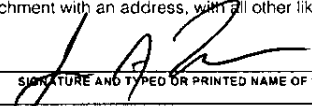


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |   |  |         |   |   |  |  |
|--|---|--|---------|---|---|--|--|
| DOCUMENT # P07000000446  |   |  |         |    |   | FILED                                      |  |
| 1. Entity Name<br>PAPAMAHI ENTERPRISES, INC.   |   |  |         |   |   | 07 APR -6 PM 3:40                          |  |
| Principal Place of Business<br>344 ALVAR CIRCLE<br>JACKSONVILLE, FL 32259  |   | Mailing Address<br>5520 WEAVER RD<br>ORANGE PARK, FL 32065 |         |   |   | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br>344 ALVAR CIRCLE                     |         | 03302007 Chg-P CR2E034 (12/06)  |   | Applied For                                |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |         | 4. FEI Number<br>20-8145563   |   | Not Applicable                             |  |
| City & State   |   | City & State<br>JACKSONVILLE, FL                           |         | 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75</b> Additional Fee Required      |  |
| Zip  | Country   | Zip<br>32259   | Country |   |   |  |  |
| 6. Name and Address of Current Registered Agent  |   |  |         | 7. Name and Address of New Registered Agent   |   |  |  |
| GRAF, DARREN S<br>5520 WEAVER RD<br>ORANGE PARK, FL 32065  |   |  |         | Name<br>TAYLOR, JASON A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>344 ALVAR CIRCLE<br>City<br>JACKSONVILLE FL Zip Code<br>32259 |   |  |  |
| 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<br>X 4-3-07  |   |  |  |
| Amended AR is \$61.25  |   |  |         | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPST<br>GRAF, DARREN S<br>5520 WEAVER ROAD<br>ORANGE PARK, FL 32065 | <input checked="" type="checkbox"/> Delete                 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>100097571951</b><br><b>04/19/07--01033--004 **61.25</b>                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>TAYLOR, JASON A<br>5520 WEAVER ROAD<br>ORANGE PARK, FL 32065 | <input type="checkbox"/> Delete                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>D/P/S/T<br>TAYLOR, JASON A.<br>344 ALVAR CIRCLE<br>JACKSONVILLE, FL 32259 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D/VP<br>TAYLOR, JOCELYN S.<br>344 ALVAR CIRCLE<br>JACKSONVILLE, FL 32259  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| 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:    |   |  |         | JASON A. TAYLOR   |   | X 4-3-07                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |         | Date  |   | Daytime Phone #                            |  |