


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90015 005 ***150.00

DOCUMENT # P07000103195
 1. Entity Name
PANORAMAGREEN INC.



40111969

Principal Place of Business Mailing Address
6836 BIANCHINI CIR **6836 BIANCHINI CIR**
BOCA RATON, FL 33433 **BOCA RATON, FL 33433**



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

07212008 Chg-P CR2E034 (12/06)

4. FEI Number
26-116444 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNALLY, CHRIS
3682 N. W. 63 COURT
COCONUT CREEK, FL 33073

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE: P/D Delete
 NAME: **MIRMAN, STANLEY**
 STREET ADDRESS: **9623 S. HOLLYBROOK LAKE DRIVE**
 CITY-ST-ZIP: **PEMBROKE PINES, FL 33025**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VP/D Delete
 NAME: **BICKLER, BLAIR**
 STREET ADDRESS: **6836 BIANCHINI CIR**
 CITY-ST-ZIP: **BOCA RATON, FL 33433**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: T Delete
 NAME: **BICKLER, ARLENE**
 STREET ADDRESS: **6836 BIANCHINI CIR**
 CITY-ST-ZIP: **BOCA RATON, FL 33433**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: S Delete
 NAME: **MIRMAN, JUDITH**
 STREET ADDRESS: **9623 S. HOLLYBROOK LAKE DRIVE**
 CITY-ST-ZIP: **PEMBROKE PINES, FL 33025**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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:  **BLAIR BICKLER** 7/21/08 954 552-5458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #