


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90036 044 ***150.00

DOCUMENT # P93000027200

1. Entity Name
 PAC SURVEYING, INC.



Principal Place of Business
 PO BOX 276205
 BOCA RATON, FL 33427

Mailing Address
 PO BOX 276205
 BOCA RATON, FL 33427

DO NOT WRITE IN THIS SPACE



07262005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0406972

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
 3732 NW 18TH ST
 FT LAUDERDALE, FL 33311

EDWARD A-PAC, JR
827 NW 6TH DRIVE
BOCA RATON, FL
33486

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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: *7/26/05*

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 7, 2005

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

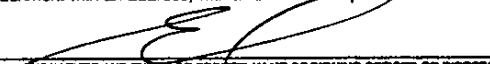
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAC, PATRICIA W
STREET ADDRESS	827 NW 6TH DR
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	PAC, EDWARD A JR
STREET ADDRESS	827 NW 6TH DR
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: *7/26/05* Daytime Phone #: *561-368 9037*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR