2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED May 13, 2005 08:00 AN **DOCUMENT # P93000036589 Secretary of State** 1. Entity Name POMPANO PATS INC. Principal Place of Business Mailing Address 242 S DIXIE HWY EAST 1170 NE 42 CT POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33064 05122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0460218 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **CULLEN, PATRICK J** DO NOT WRITE 1170 NE 42ND CT POMPANO BEACH, FL 33064 IN THIS SPACE 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE NAME CULLEN, PATRICK J. STREET ADDRESS 1170 NE 42ND CT. POMPANO, FL CRY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP me NAME STREET ADDRESS DITY-ST-ZP TITLE STREET ADORESS CITY-57-ZP 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 direction of the corporation or the receiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with a property of the property of the changed.

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