

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90048 041 ***150.00

DOCUMENT # P94000038537	
1. Entity Name PAIGE FINANCIAL, INC.	

Principal Place of Business 3830 NETHERLEE WAY LAKE WORTH, FL 33467	Mailing Address 3830 NETHERLEE WAY LAKE WORTH, FL 33467
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2. Principal Place of Business - No P.O. Box # 3830 NETHERLEE WAY	3. Mailing Address 3830 NETHERLEE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State WELLINGTON FL	City & State WELLINGTON FL
Zip 33467	Country FL

4. FEI Number 59-3244419	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINN, ALAN 3830 NETHERLEE WAY WELLINGTON, FL 33467	
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7. Name and Address of New Registered Agent Name QUINN ALAN Street Address (P.O. Box Number is Not Acceptable) 3830 NETHERLEE WAY City WELLINGTON FL Zip Code 33467	
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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 *[Signature]* **Pro** DATE **1/7/07**
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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete QUINN, ALAN H 3830 NETHERLEE WAY WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition QUINN, ALAN H 3830 NETHERLEE WAY WELLINGTON FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: *[Signature]* **Pro** DATE **1/7/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR