

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90480 046 ***158.75

DOCUMENT # P94000087254

1. Entity Name
PAVILION OFFICE CENTER, INC.



Principal Place of Business 712 US HWY 1, PAVILION OFFICE CTR SUITE 301-33 N PALM BEACH, FL 33408 US	Mailing Address 712 US HWY 1 SUITE 301 N PALM BEACH, FL 33408 US
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50017755



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0541924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERSON, ROSLYN E 5380 N OCEAN DR UNIT 4D RIVIERA BEACH, FL 33404-2538	Name GY Corporate Services, Inc.
	Street Address (P.O. Box Number is Not Acceptable) 777 S. Flagler Dr., Suite 500 E
	City West Palm Beach FL Zip Code 33401

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: *Sharon R Gillespie v.p.* DATE: **4-24-06**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete	PETERSON, ROSLYN E 5380 N OCEAN DR UNIT 4D RIVIERA BEACH, FL 334042538	TITLE P/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Sharon Gillespie 31 Cutler Rd. Greenwich, CT 06831
TITLE <input type="checkbox"/> Delete		TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Ciri L. Gillespie 489 Barrows Rd. Brattleboro, VT 05301
TITLE <input type="checkbox"/> Delete		TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Cara L. Gillespie-Wilson 38 Taunton Hill Rd. Newtown, CT 06470
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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: *Sharon R Gillespie* **Sharon Gillespie, President** DATE: **4/26/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #