

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087254

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: PAVILION OFFICE CENTER, INC.

## Current Principal Place of Business:

712 US HWY 1, PAVILION OFFICE CTR  
SUITE 301-33  
N PALM BEACH, FL 33408 US

## New Principal Place of Business:

712 US HWY 1, PAVILION OFFICE CENTER  
SUITE 301-33  
N PALM BEACH, FL 33408 US

## Current Mailing Address:

712 US HWY 1  
SUITE 301  
N PALM BEACH, FL 33408 US

## New Mailing Address:

712 US HWY 1  
SUITE 301-33  
N PALM BEACH, FL 33408 US

FEI Number: 65-0541924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC  
777 S FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

GILLESPIE, SHARON R  
712 U.S. HIGHWAY ONE  
SUITE 301-33  
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: SHARON R. GILLESPIE

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: GILLESPIE, SHARON  
Address: 31 CUTLER RD  
City-St-Zip: GREENWICH, CT 06831

Title: VD ( ) Delete  
Name: GILLESPIE, CIRI L  
Address: 489 BARROWS RD  
City-St-Zip: BRATTLEBORO, VT 05301

Title: VD ( ) Delete  
Name: GILLESPIE-WILSON, CARA L  
Address: 38 TAUNTON HILL RD  
City-St-Zip: NEWTOWN, CT 06470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: GILLESPIE, SHARON R  
Address: 5380 N. OCEAN DRIVE, 21-E  
City-St-Zip: SINGER ISLAND, FL 33404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: GILLESPIE-WILSON, CARA L  
Address: 41 LUDLOW WOODS ROAD  
City-St-Zip: STANFORDVILLE, NY 12581

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON R. GILLESPIE

PSTD

04/08/2008

Electronic Signature of Signing Officer or Director

Date