**2006 FOR PROFIT CORPORATION** 

## **ANNUAL REPORT** FILED DQCUMENT # P95000008784 May 12, 2006 08:00 Al **Secretary of State** P.A.C. REALTY, INC. Mailing Address Principal Place of Business 10619 MAPLE CHASE DRIVE 10619 MAPLE CHASE DRIVE SUITE 200 BOCA RATON, FL 33498 US BOCA RATON, FL 33498 110 CR2E034 (11/05) 04152006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0561342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCARBOROUGH, SHERI DO NOT WRITE 10619 MAPLE CHASE DR BOCA RATON, FL 33498 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE **PVTS** SCARBOROUGH, SHERI A NAME STREET ADDRESS 10619 MAPLE CHASE DR CITY-ST-ZIP BOCA RATON, FL 33498 U00000564092 05/20/06-80046-001 300.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 fill other like empowered.

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