

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90216 001 ***300.00

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06052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0561342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P95000008784
 1. Entity Name
P.A.C. REALTY, INC.



Principal Place of Business 10619 MAPLE CHASE DRIVE BOCA RATON, FL 33498 US	Mailing Address 10619 MAPLE CHASE DRIVE SUITE 200 BOCA RATON, FL 33498 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SCARBOROUGH, SHERI
 10619 MAPLE CHASE DR
 BOCA RATON, FL 33498

DO NOT WRITE 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 _____ DATE _____
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS SCARBOROUGH, SHERI A 10619 MAPLE CHASE DR BOCA RATON, FL 33498
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DO NOT WRITE IN THIS SPACE

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, when all other like empowered.

SIGNATURE: *Sheri Scarborough*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/07 *561-482-9426*
 Date Daytime Phone #