


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90034 030 ***150.00

DOCUMENT # P96000040975			
1. Entity Name PAH CO.			
Principal Place of Business 700 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401 US		Mailing Address % MCGRATH & MEYERS, P.A. 5725 CORPORATE WAY., #101 WEST PALM BEACH, FL 33407 US	
2. Principal Place of Business		3. Mailing Address C/O Meyers & Associate CPA PA	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5725 Corporate Way #101	
City & State		City & State West Palm Beach FL	
Zip		Zip 33407	
Country		Country US	
4. FEI Number 65-0691758		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYERS, GAIL C/O MCGRATH & MEYERS PA 5725 CORPORATE WAY #101 WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name Gail C. Meyers Street Address (P.O. Box Number is Not Acceptable) C/O Meyers & Associate CPA PA 5725 Corporate Way #101 City West Palm Beach FL Zip Code 33407	
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 <i>Gail C. Meyers</i>		SIGNATURE <i>GAIL C. MEYERS</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <i>3/4/06</i>		DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS HALMOS, PETER 700 S OLIVE AVW WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYERS, GAIL C 5725 CORPORATE WAY #101 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Gail C. Meyers</i>		SIGNATURE <i>GAIL C. MEYERS</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/4/06</i> Daytime Phone # <i>561-684-6604</i>	