

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 28, 2008  
Secretary of State**

DOCUMENT# P96000040975

Entity Name: PAH CO.

**Current Principal Place of Business:**

700 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MEYERS & ASSOCIATES CPA PA  
5725 CORPORATE WAY., #101  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 65-0691758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYERS, GAIL C  
C/O MEYERS & ASSOCIATES CPA PA  
5725 CORPORATE WAY #101  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: HALMOS, PETER  
Address: 700 S OLIVE AVW  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: MEYERS, GAIL C  
Address: 5725 CORPORATE WAY #101  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: HALMOS, PETER  
Address: 700 S OLIVE AVW  
City-St-Zip: WEST PALM BEACH, FL 33401

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

Title: S ( ) Change (X) Addition  
Name: HALMOS, NICHOLAS K  
Address: 700 S OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401

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: GAIL C MEYERS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

08/28/2008

\_\_\_\_\_  
Date