2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000102963

1. Entity Name

PATHFINDERS UNLIMITED, INC.



FILED Mar 22, 2007 08:00 All Secretary of State

Principal Place of Business

600 SW 29TH AVE FT LAUDERDALE, FL 33312 Mailing Address

600 SW 29TH AVE

FT LAUDERDALE, FL 33312



DO NOT WRITE IN THIS SPACE

03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0801433 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6: Name and Address of Current Registered Agent-

IVES, BRENDA L 600 SW 29TH AVE FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

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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. Lam familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature board or orbited name of registrate arrest and this if annivable (NOTE Banistoped Apart timpsture required when reinstation). DATE				
J. F	Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registered Agent signatur	e required when reinstating)	DATE
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			
ΠŒ	PST			
NAME Street address	IVES, BRENDA L 600 SW 29TH AVE			
CITY-ST-ZIP	FT LAUDERDALE, FL 33312			
TITLE	T LAGDERONEL, I E 00012			
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STREET ADDRESS	CARAN COLUMN TO CARANTA	1		
CITY-ST-ZIP			•	

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.

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

SGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #