2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019965

Name:

Address:

City-St-Zip:

KAZACHKOVA, MARIANNA

PALM COAST, FL 32137

31 PRESIDENT LANE

FILED Apr 27, 2005 Secretary of State

Entity Na	me: PANORAMA E	XPRESS 2 SPECIAL SE	RVICES, INC.			
Current P	rincipal Place of B	usiness:	New Princi	New Principal Place of Business:		
	NVIEW DRIVE AST, FL 32164			51 PRESIDENT LANE PALM COAST, FL 32164		
Current M	lailing Address:		New Mailin	New Mailing Address:		
	DENT LANE AST, FL 32164		51 PRESIDE PALM COA	ENT LANE ST, FL 32164		
FEI Number	: 59-3507014 FEI	Number Applied For()	FEI Number Not Applic	cable () Certificate of Status De	sired()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	WYER RIA AVENUE ABLES, FL 33134	US	25 OLD KIN 8C	KOTOMINA, ELENA 25 OLD KINGS RD 8C PALM COAST, FL 32137 US		
The above in the State	named entity submi e of Florida.	ts this statement for the	purpose of changing its	registered office or registered age	nt, or both,	
SIGNATU	RE: ELENA KOTO	MINA		04/27/2005		
Election Car	·	nature of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MM () Delete LIPOVICH, PAVEL 31 PRESIDENT LAND PALM COAST, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SVDT () Delete LIPKOVICH, GERMAN 31 PRESIDENT LANE PALM COAST, FL 32	l	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	PD () Delete	:	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIANNA KAZACHKOVA Ρ 04/27/2005