## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90164 004 \*\*\*150.00

1. Entity Nam PAN AM	MENT # P98000040 systems, INC.	1650		31232		50
Principal Place of Business 14 AVIATION AVENUE PORTSMOUTH, NH 03801		Mailing Address 14 AVIATION AVENUE PORTSMOUTH, NH 03801				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006 Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Number 65-0841054	Applie Not Ap	d For oplicable
Zip	Country	Zip	Country	5. Certificate of Status Desi	ired   \$8.75 Addition Fee Required	nal
	6. Name and Address of Current	Registered Agent		7. Name and Address of N	lew Registered Agent	
NADOLNY, JOHN R ESQ 1722 HANGAR RD SANFORD, FL 32772			Street Addre	ess (P.O. Box Number is Not Acce		d
			CityPla	estation	FL Zip Code	24
8. The above named/antity submits/this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Shadire, typed or printed name of registered agent and little if applyable. (NOTE: Registered Agent signature required when reinstally) SECRETAIN DATE.						
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees	ware control	
				Added to 1 ccs		
10.	OFFICERS AND		11.		O OFFICERS AND DIRECTORS IN	111
THILE	PD					I 11 Addition
TITLE NAME	PD FINK, DAVID A	DIRECTORS	11. TITLE NAME			
TITLE NAME STREET ADDRESS	PD FINK, DAVID A 14 AVIATION AVENUE	DIRECTORS	11.  TITLE  NAME  STREET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINK, DAVID A 14 AVIATION AVENUE PORTSMOUTH, NH 03801	DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition
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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: