

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073485

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: NEW PASS, INC.

## Current Principal Place of Business:

1505 KEN THOMPSON PKWY.  
SARASOTA, FL 34236

## New Principal Place of Business:

## Current Mailing Address:

3400 S. TAMIAMI TRAIL  
SARASOTA, FL 34239

## New Mailing Address:

FEI Number: 65-0858207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIDDELL, JEFFERSON F  
3400 S. TAMIAMI TRAIL  
SARASOTA, FL 34239 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: WALLACE, JAMES E  
Address: 1505 KEN THOMPSON PKWY.  
City-St-Zip: SARASOTA, FL 34236

Title: V ( ) Delete  
Name: WALLACE, DONALD  
Address: 1505 KEN THOMPSON PKWY.  
City-St-Zip: SARASOTA, FL 34236

Title: DS ( ) Delete  
Name: WALLACE, MARIANNE M  
Address: 1505 KEN THOMPSON PKWY.  
City-St-Zip: SARASOTA, FL 34236

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES E. WALLACE

DPT

04/24/2007

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

\_\_\_\_\_  
Date