

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90274 046 \*\*\*150.00

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03242006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000075617			
1. Entity Name PASCO BRANDS, INC.			
Principal Place of Business 15000 U.S. HWY. 301 NORTH DADE CITY, FL 33523		Mailing Address 15000 U.S. HWY. 301 NORTH DADE CITY, FL 33523	
2. Principal Place of Business 15000 Citrus Country Dr. Suite, Apt. #, etc. Suite 202 City & State Dade City, FL Zip 33523-2401		3. Mailing Address P.O. Box 97 Suite, Apt. #, etc. City & State Dade City, FL Zip 33526-0097	
4. FEI Number 59-3516632		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REESE, BEN 15000 U.S. HWY. 301 NORTH DADE CITY, FL 33523		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15000 Citrus Country Dr. Suite 202 City Dade City, FL Zip Code 33523-2401	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>BEN REESE</u> <u>BEN REESE</u> <u>03/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO REESE, BEN 15000 UOSO HWY 301 N DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15000 Citrus Country Dr., Suite 202 Dade City, FL 33523-2401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SONTHEIMER, JACK 15000 UOSO HWY 301 N DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15000 Citrus Country Dr., Suite 202 Dade City, FL 33523-2401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vipoen, Gary 2101 Chestnut Forest Dr. Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>BEN REESE</u> <u>BEN REESE</u>		<u>03/28/06</u> <u>352-521-7224</u> <small>Date Daytime Phone #</small>	