

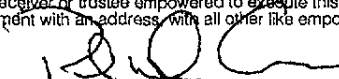


**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000046121</b> 1. Entity Name <b>PACOMAN, INC.</b>				<b>Secretary of State</b>		
Principal Place of Business <b>212 ORANGE BLOSSOM DR. TAVERNIER, FL 33070</b>		Mailing Address <b>212 ORANGE BLOSSOM DR. TAVERNIER, FL 33070</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
				01062004    No Chg-P    CR2E034 (10/03)		
		4. FEI Number <b>65-0923758</b>		Applied For <input type="checkbox"/> Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent  <b>FERRAILOLO, BOBBE L 212 ORANGE BLOSSOM DR. TAVERNIER, FL 33070</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  UN00000268954 03/18/05-80064-011 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECARRO, PAUL M 212 ORANGE BLOSSOM DRIVE TAVERNIER, FL 32399					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3-16-05 (305) 852-732				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date      Daytime Phone #				