


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F0000003797

1. Entity Name  
 PACIFIC CONCORD INVESTMENT CORPORATION



Principal Place of Business  
 2000 N.W. COURTYARD CIR.  
 SPRING HILL SUITES  
 PORT SAINT LUCIE, FL 34986

Mailing Address  
 6 INDUSTRIAL WAY EAST  
 EATONTOWN, NJ 07724

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3281499	Applied For 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

BALLARD, GARY L  
 500 NORTH OLEANDER AVENUE  
 DAYTONA BEACH, FL 32118

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CHIANG, WEN-HUI 23 SUNRISE CIRCLE HOLMDEL, NJ 07733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WU, THOMAS 2 TYCOR RUN HOLMDEL, NJ 07733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIANG, CHING TAI 23 SUNRISE CIRCLE HOLMDEL, NJ 07733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, BRIAN B ROUTE 35 EATONTOWN, NJ 07724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WU, LEE GEN 2 TYCOR RUN HOLMDEL, NJ 07733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000630357  
 02/20/07-80028-011 150.00

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: Ky Doll Kieran Doll 1/5/07 732-544-2625  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #