

Kristin Giordani

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P. 1
FILED

Mar 03, 2008 08:00 A
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000003614

1. Entity Name
PAL-PILOT S.C. CORPORATION



Principal Place of Business
**15991 RED HILL AVENUE, SUITE 102
TUSTIN, CA 92780**

Mailing Address
**15991 RED HILL AVENUE, SUITE 102
TUSTIN, CA 92780**



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0739146

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIORDANI, DAVID
2259 S SPRING GARDEN AVE
DELAND, FL 32720**

**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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

2-21-2008

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CVCD
NAME	NIU, EDDY C
STREET ADDRESS	2818 OAK KNOLL DRIVE
CITY-ST-ZIP	DIAMOND BAR, CA 91748
TITLE	PVPS
NAME	NIU, EDDY C
STREET ADDRESS	2818 OAK KNOLL DRIVE
CITY-ST-ZIP	DIAMOND BAR, CA 91748
TITLE	T
NAME	NIU, EDDY C
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CITY-ST-ZIP	DIAMOND BAR, CA 91748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000845305
03/13/08-80033-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SHAREHOLDER OR DIRECTOR

DATE

Daytime Phone #

2/25/08 7144600718