


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90407 031 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000007400 1. Entity Name PANAVISTA, INC.			
Principal Place of Business 50 DANBURY ROAD WILTON, CT 06897		Mailing Address C/O WAKE, SEE 27 IMPERIAL AVE WESTPORT, CT 06880	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/O D. LoMonte	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 Imperial Avenue	
City & State		City & State Westport, CT	
Zip	Country	Zip 06880	Country USA
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 SD <input checked="" type="checkbox"/> Delete	NAME SULLIVAN, DANIEL A	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Sullivan, Daniel A.
STREET ADDRESS 6565 NORTH MACARTHUR	CITY-ST-ZIP IRVING, TX 75039	STREET ADDRESS 50 Danbury Road	CITY-ST-ZIP Wilton, CT 06897
TITLE PD <input checked="" type="checkbox"/> Delete	NAME RICALO, NOEMI	TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Ricalo, Noemi C.
STREET ADDRESS 6565 NORTH MACARTHUR	CITY-ST-ZIP IRVING, TX 75039	STREET ADDRESS 220 East Las Colinas Boulevard	CITY-ST-ZIP Irving, TX 75039
TITLE TD <input checked="" type="checkbox"/> Delete	NAME PROSEK, DEBERA D	TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Kass, Debra
STREET ADDRESS 50 DANBURY RD	CITY-ST-ZIP WILTON, CT 06897	STREET ADDRESS 50 Danbury Road	CITY-ST-ZIP Wilton, CT 06897
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: <i>Debra Kass</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/9/08 <small>Date</small>	203-665-7611 <small>Daytime Phone #</small>
<p style="text-align: center;">Debra Kass, Treasurer</p>			