
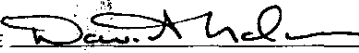
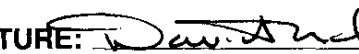


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90105 014 \*\*\*\*61.25

<b>DOCUMENT # N01000000454</b>					
1. Entity Name THE NEW PARADIGM FOUNDATION, INC.					
Principal Place of Business 2828 SOUTH MCCALL ROAD SUITE 16 ENGLEWOOD, FL 34224			Mailing Address 2828 SOUTH MCCALL ROAD SUITE 16 ENGLEWOOD, FL 34224		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1070765	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name: David C. Nelson Street Address (P.O. Box Number is Not Acceptable): Yo Investors Choice Real Estate 2828 S. McCall Rd City: Englewood FL Zip Code: 34224		
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: 		David C. Nelson		DATE: 4/19/04	
Filing Fee is \$61.25 Due by May 1, 2004		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 10			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANTHUL, MICHAEL	NAME			
STREET ADDRESS	9268 SAN BERNARDINO AVENUE	STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, DAVID C	NAME			
STREET ADDRESS	2828 SOUTH MCCALL ROAD	STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, VINCENT J	NAME			
STREET ADDRESS	2828 SOUTH MCCALL ROAD	STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGNEY, JAMES	NAME			
STREET ADDRESS	2828 SOUTH MCCALL ROAD	STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(i), 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 617, 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: 		David C. Nelson		DATE: 4/19/04 941-475-7011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

