


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90075 005 ****61.25

DOCUMENT # N01000000454 1. Entity Name THE NEW PARADIGM FOUNDATION, INC.	
--	---

Principal Place of Business 1177 S. MCCALL ROAD ENGLEWOOD, FL 34223	Mailing Address 1177 S. MCCALL ROAD ENGLEWOOD, FL 34223
---	---

40041017



03152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1070765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, DAVID C
 C/O INVESTORS CHOICE REAL ESTATE
 1177 S. MCCALL RD
 ENGLEWOOD, FL 34223

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: 3/15/07

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

Filing Fee is \$81.25
Due by May 1, 2007


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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NELSON, KATHLEEN
STREET ADDRESS	1177 S. MCCALL RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	STD
NAME	NELSON, DAVID C
STREET ADDRESS	1177 S. MCCALL RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	COOPER, VINCENT J
STREET ADDRESS	1177 S. MCCALL RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	RIGNEY, JAMES
STREET ADDRESS	1177 S. MCCALL RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	Warren Watters D
NAME	Warren Watters
STREET ADDRESS	1177 S. McCall Road
CITY-ST-ZIP	Englewood, FL 34224
TITLE	Dana Moran D
NAME	Dana Moran
STREET ADDRESS	1177 S. McCall Road
CITY-ST-ZIP	Englewood, FL 34224

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 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:  DATE: 3/15/07 DAYTIME PHONE #: 941-475-7011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR