2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004435

City-St-Zip:

WEIRSDALE, FL 32195D

Entity Name: PRIMATE PARADISE, INC.

FILED Mar 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2465 REED ELLIS ROAD OSTEEN, FL 32764 **Current Mailing Address: New Mailing Address:** 2465 REED ELLIS ROAD OSTEEN, FL 32764 FEI Number: 57-1166663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOOKER, KIM C ESQ 2582 S. VOLUSIA AVE ORANGE CITY, FL 32763 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WASKO, MARY LINDA Name: Name: 2465 REED ELLIS ROAD Address: Address: City-St-Zip: OSTEEN, FL 32764 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WASKO, ANDREW J Name: Address: 2465 REED ELLIS ROAD Address: City-St-Zip: OSTEEN, FL 32764 City-St-Zip: Title: (X) Delete Title: () Change () Addition LEW, JENNIFER Name: Name: 8848 HARPERS GLEN CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KOEHLER, SHIRLEY Name: 207 DUNHAM AVE Address: Address: City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: Title: Title: () Delete () Change () Addition FULLER, VICKY Name: Name: 16557 SE 170TH AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARY LINDA WASKO D 03/18/2007