

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90037 032 ***158.75

DOCUMENT # P03000032543 1. Entity Name PARADY, INC.					
Principal Place of Business 5503 W. IRL O BRONSON HWY KISSIMMEE, FL 34746			Mailing Address 5503 W. IRL O BRONSON HWY KISSIMMEE, FL 34746		
2. Principal Place of Business 2111 Woodledge Dr Suite, Apt. #, etc.			3. Mailing Address 31 Hayes Dr Suite, Apt. #, etc.		
City & State Kissimmee FL			City & State Milford CT		
Zip 34746		Country Osceola		Zip 06460	
Country New Haven		4. FEI Number 11-3682056			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PARADY, RACHELLE 2101 EAGLE VIEW CT. KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) 2111 Woodledge Dr Kissimmee FL 34746		
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: <u>R Parady</u> DATE: <u>1/23/06</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PARADY, ALTON W 2101 EAGLE VIEW CT. KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 Hayes Dr Milford CT 06460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PARADY, RACHELLE 2101 EAGLE VIEW CT. KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 Hayes Dr Milford CT 06460
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME 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: <u>R Parady</u> <u>R Parady</u> <u>1/23/06</u> <u>407-997-4470</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					