## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Mar 05, 2005 08:00 AM Secretary of State

	AITHOAK ILLI OILI		17141 00, 2000 00.00
DOCUMENT # P9400003315  1. Entity Name PARAMOUNT BALLOTS AND LISTS CORPORATION			Secretary of State
Principal Place of Business Mailing Address  POST OFFICE BOX 490278 POST OFFICE BOX 490278  KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149			
DO NOT WRITE IN THIS SPACE			03012005 No Chg-P CR2E034 (10/03)  4. FEI Number
CORPORATION INFORMATION SERVICES, INC.  1201 HAYS STREET  TALLAHASSEE, FL 32301			
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  Signature, typed or principle is \$150.00  After May 1, 2005 Fee will be \$550.00  Proceedings 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.  (NOTE Registered Agent signature required when reinstaining)  DATE  9. Election Campaign Financing  Trust Fund Contribution.			
	_ <u></u>		
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET AODRESS CITY-ST-ZIP	D   GROTTA, <u>JO</u> HN   101 OCEA <u>N</u> LANE DR. #3016   KEY BISCAYNE, FL 33149		and a specific section of the sectio
TITLE NAME STREET ADDRESS CITY-ST-ZIP			03/U5/ <b>05</b> -80 <b>0</b> 07-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP			, .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		No cell discretion is Maps in a patential or in the	
12. I hereby of indicated of the corp changed,	recrify that the information supplied with this tilling does not qualify for the exer on this report or supplemental eport is true and accurate and that my signat poration or the receiver or trustee empowered to execute this report as requir or on an attachment with an address, with all other the empowered.	nption stated in Sec ure shall have the si ed by Chapter 607,	tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath, that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if