


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90030 003 \*\*\*150.00

**DOCUMENT # P97000035714**

1. Entity Name  
**PARADISE REALTY GROUP, INC.**



Principal Place of Business      Mailing Address  
**1423 SE 16TH PL., STE. 101**      **1423 SE 16TH PL., STE. 101**  
**CAPE CORAL, FL 33990**      **CAPE CORAL, FL 33990**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1916 SW 54<sup>TH</sup> STREET**      **1916 SW 54<sup>TH</sup> STREET**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**CAPE CORAL, FL**      **CAPE CORAL, FL**  
 City & State      City & State

Zip      Country      Zip      Country  
**33914-6887**      **USA**      **33914-6887**      **USA**

**6. Name and Address of Current Registered Agent**

**LONG, WILLIAM**  
**1423 SE 16TH PL., STE. 101**  
**CAPE CORAL, FL 33990**



04102008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0753043**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1916 SW 54<sup>TH</sup> STREET**  
 City      State      Zip Code  
**CAPE CORAL**      **FL**      **33914-6887**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LONG, WILLIAM 1423 SE 16TH PL., STE. 101 CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1916 SW 54<sup>TH</sup> STREET</b> <b>CAPE CORAL, FL</b> <b>33914-6887</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **04/10/08**      **239-541-1488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #