

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 03, 2008
Secretary of State**

DOCUMENT# S17698

Entity Name: PARADISE PARASAIL, INC.

Current Principal Place of Business:

1130 ESTERO BLVD.
FORT MYERS BEACH, FL 33932 US

New Principal Place of Business:

Current Mailing Address:

809 WALKERBILT ROAD
#5
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 65-0233734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX, ACCOUNTING & FINANCIAL ASSOC.
809 WALKERBILT ROAD
#5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SMITH, RIC B.,
Address: 11751 ISLE OF PALMS DR.
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D (X) Delete
Name: SMITH, DORAE
Address: 11751 ISLE OF PALMS DR.
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, DORAE V
Address: 11751 ISLE OF PALMS DR.
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORAE V. SMITH

P

06/03/2008

Electronic Signature of Signing Officer or Director

Date