2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G12214

FILED Jan 26, 2009 Secretary of State

Entity Name: THE PARAMOUNT ELECTRONICS MANUFACTURING COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business: 1020 S.W. 10TH AVENUE BAY 6 POMPANO BEACH, FL 330694632 US **New Mailing Address: Current Mailing Address:** P. O. BOX 1030 BOCA RATON, FL 334291030 US FEI Number: 59-2251263 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: DEGRANDCHAMP, MICHAEL E 1020 SW 10TH AVENUE BAY 6 POMPANO BCH., FL 33069 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CDPT () Delete Title: (X) Change () Addition DEGRANDCHAMP, MICHAE, L E DEGRANDCHAMP, MICHAE, L E Name: Name: 1020 SW 10 AVENUE 1020 SW 10 AVENUE BAY #6 Address: Address: POMPANO BEACH, FL 33069 City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33069 Title: VD Title: (X) Delete () Change () Addition NECLERIO, MATTHEW T., Name: Name: 1020 SW 10 AVENUE Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip:

Title: () Delete DEGRANDCHAMP, MICHAEL E Name: 1020 SW 10 AVE Address:

City-St-Zip: POMPANO BEACH, FL 33069 Title: SV (X) Change () Addition DEGRANDCHAMP, MICHAEL E Name: 1020 SW 10 AVE BAY #6 Address: City-St-Zip: POMPANO BEACH, FL 33069

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.

Ρ SIGNATURE: MICHAEL E. DEGRANDCHAMP 01/26/2009