

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003971

FILED  
Jul 06, 2009  
Secretary of State

**Entity Name:** PARADISE CONSULTING INCORPORATED

**Current Principal Place of Business:**

8968 BANTRY BAY BLVD  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

8968 BANTRY BAY BLVD  
ENGLEWOOD, FL 34224

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SPICER, ELIZABETH  
8968 BANTRY BAY BLVD  
ENGLEWOOD, FL 34224 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPICER, ELIZABETH  
Address: 8968 BANTRY BAY BLVD  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete  
Name: LUNER, JENNIFER  
Address: 13000 PEMBROKE VALLEY COURT  
City-St-Zip: ST. LOUIS, MO 63141

Title: D ( ) Delete  
Name: MCGILL, KEITH  
Address: 2004 MURRAY SUITE 2  
City-St-Zip: LOUISVILLE, KY 40205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH SPICER

PD

07/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date