2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 404622

FILED Apr 30, 2007 Secretary of State

Entity Name: PARADISE GARDENS HOMES, INC.

Current Principal Place of Business: New Principal Place of Business:

25 SW 18TH AVE

FT LAUDERDALE, FL 33312 US

Current Mailing Address: New Mailing Address:

P O BOX 5526

FT LAUDERDALE, FL 33310 US

FEI Number: 59-1400649 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:

FULLINS, KATHRYN E
25 SW 18TH AVE
5 SW 18TH AVE
5 SW 18TH AVE

FT LAUDERDALE, FL 33312 US FT LAUDERDALE, FL 33312 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: KATHRYN E. FULLINS 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: P () Delete Title: () Change () Addition

 Name:
 FULLINS, KATHRYN E
 Name:

 Address:
 25 SW 18TH AVE
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 ROBINSON, DIANA
 Name:
 MCDOWELL, DIANA

 Address:
 25 SW 18TH AVE
 Address:
 25 SW 18TH AVE

 City-St-Zip:
 FT LAUDERDALE, FL
 City-St-Zip:
 FT LAUDERDALE, FL

Title: V () Delete Title: VP (X) Change () Addition

 Name:
 CONAWAY, DEBRA
 Name:
 CONAWAY, DEBRA L

 Address:
 3421 NW 1ST CT
 Address:
 3421 NW 1ST CT

City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311

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: KATHRYN E. FULLINS P 04/30/2007