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Secretary of State

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01122007 Chg-P CR2E034 (12/06)

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 555435

1. Entity Name
PALOMA PROPERTIES, INC.

Principal Place of Business	Mailing Address
1192 NE LIVINGSTON ST ARCADIA, FL 34266	P.O. BOX 551 ARCADIA, FL 34265-0551

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: NOT APPLICABLE 65-0066515 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SORRELLS, HOWARD E P O BOX 551 1653 S E TOWNSEND AVE ARCADIA, FL 34265	Name: SORIA, G. CRAIG Street Address (P.O. Box Number is Not Acceptable): 2201 RINGLING BLVD. SUITE 103 City: SARASOTA, FL Zip Code: 34237

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 [redacted] G. Craig Soria 1/17/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P SORRELLS, HOWARD E. 1653 SE TOWNSEND AVENUE ARCADIA, FL 34266	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SORRELLS, STEVE 6923 NW STATE 661 ARCADIA, FL. 34266	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SORRELLS, STEVEN D. 6923 NW STATE 661 ARCADIA, FL 34266	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SORIA, LEDANE 4375 BRANDYWINE DRIVE SARASOTA, FL. 34241	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Steve Sorrells 1/11/2007 863-494-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #