


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90031 024 \*\*\*\*61.25

<b>DOCUMENT # 717108</b> 1. Entity Name <b>PARADISE OF STUART, INC.</b>	
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Principal Place of Business <b>FISHERMANS PARADISE 3 SE SAILFISH LANE STUART FL 34996</b>	Mailing Address <b>FISHERMANS PARADISE 3 SE SAILFISH LANE STUART FL 34996</b>
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2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent  <b>LEACH, MICHAEL L 129 SE SAILFISH LANE STUART FL 34996</b>		7. Name and Address of New Registered Agent Name <b>SAM Zeoli</b> Street Address (P.O. Box Number is Not Acceptable) <b>284 SE SAILFISH LANE</b> <del>STUART</del> City <b>STUART</b> FL Zip Code <b>34996</b>	
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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 *Sam Zeoli* DATE 3/1/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LEACH, MICHAEL L 129 SE SAILFISH LANE STUART FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TURNER, THOMAS A. 264 SE SAILFISH LANE STUART, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TURNER, THOMAS 264 SE SAILFISH LN STUART FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DRAY, DAVID 144 SE SAILFISH LANE STUART, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENSON, GLADYS 200 SE SAILFISH LN STUART FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ZEOLI, SAMUEL 284 SE SAILFISH LANE STUART, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WIVESTAD, JAN 73 SAILFISH LANE STUART, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N NORMAN, KEITH 215 SE. SALUCIE BLVD STUART, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Sam Zeoli* 3/1/06 772-463-6735