## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005600

Entity Name: PARAGON WAY, INC.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

AUSTIN, TX 78746

COLLINS, WALT A

AUSTIN, TX 78735

DAWSON, SARAH

806 BLUE HILLS DR

CPO

( ) Delete

2716 BARLON CREEK BLVD #1821

( ) Delete

DRIPPING SPRINGS, TX 78620

FILED Jan 09, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2101 W. BEN WHITE, STE, 103 AUSTIN, TX 78704 **Current Mailing Address: New Mailing Address:** 2101 W. BEN WHITE, STE. 103 AUSTIN, TX 78704 FEI Number: 74-2784848 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: LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 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: ( ) Delete Title: () Change () Addition WOOD, GARY E Name: Name: 130 CLUBHOUSE DR. Address: Address: City-St-Zip: AUSTIN, TX 78734 City-St-Zip: VΡ Title: Title: () Delete (X) Change ( ) Addition Name: HAZZARD, JEFFREY B Name: HAZZARD, JEFFREY B 194 DAISY PATH 194 DAISY PATH Address: Address: DRIPPING SPRINGS, TX 78620 City-St-Zip: City-St-Zip: AUSTIN, TX 78737 Title: Title: ( ) Delete SD (X) Change ( ) Addition VASBINDER, LARRY C JR MUELLER, KEN Name: Name: 817 THE HIGH RD 2712 FARMVIEW DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FALLSTON, MD 21047

NATKINS, CHARLES E

11205 CUSSETA DR

AUSTIN, TX 78739

(X) Change ( ) Addition

() Change () Addition

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH DAWSON CPO 01/09/2007