## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F05000003410

Title:

Name:

Address:

City-St-Zip:

( ) Delete

4037 BROKEN ARROW COURT

GRANT, THOMAS SR.

DESTIN, FL 32541

FILED Nov 08, 2006 Secretary of State

Entity Nam	ie: Paradise	EBUILDERS GROUP AND AS	SSOCIATE	ES, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
2035 DELBURY COURT SNELLVILLE, GA 30078				575 OLD NORCROSS ROAD, STE H LAWRENCEVILLE, GA 30045 US				
Current Mailing Address:				New Mailing Address:				
	URY COURT E, GA 30078			575 OLD NO LAWRENC		ROAD, STEH A 30045 US		
FEI Number: 2	20-2424470	FEI Number Applied For ( )	FEI Numl	ber Not Appli	cable ( )	Certificate of Status	s Desired ( )	
Name and Address of Current Registered Agent: Na					lame and Address of New Registered Agent:			
WILLIAMS, 116 TRANG DESTIN, FL	UILITY LANE							
The above r in the State		ubmits this statement for the p	ourpose of	changing its	s registered	d office or registered	agent, or both,	
SIGNATUR	E: BRAD WIL							
	Electronic	Signature of Registered Age	ent			Date		
		2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive th	e prior notice	).			
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$				
Address:	P ()[ WILLIAMS, BRAI 1444 MADISON S GRAYSON, GA	ST.	1	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T () [ BOWLING, DAVI 2035 DELBURY SNELLVILLE, GA	COURT	1	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition DAVID DRCROSS RD, STE H WILLE, GA 300045		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRAD WILLIAMS Ρ 11/08/2006

(X) Change ( ) Addition

BOWLING, DAVID

575 OLD NORCROSS RD, STE H

LAWRENCEVILLE, GA 30045 US