


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90202 050 ***150.00

DOCUMENT # F06000004031	
1. Entity Name PARAMOUNT HOLDINGS CALIFORNIA, INC.	

Principal Place of Business 7980 ENTERPRISE DR. NEWARK, CA 94560	Mailing Address 88 KEARNY ST., STE. 1818 SAN FRANCISCO, CA 94108
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60035125



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 7980 Enterprise Dr. Suite, Apt. #, etc.
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04072008 Chg-P CR2E034 (12/06)

City & State Newark, CA	City & State Newark, CA
Zip 94560	Country

4. FEI Number 94-3333080	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELIOTT, JAMES 50 KINDRED ST., STE. 107 STUART, FL 34994
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7. Name and Address of New Registered Agent Name David L. Wikel Street Address (P.O. Box Number is Not Acceptable) 1011 Fairfield Dr. City West Palm Beach FL Zip Code 33407

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: DAVE WIKEL (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered agent signature required when reinstating.) DATE: 4/22/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP PETERSEN, JAMES P. 7980 ENTERPRISE DR. NEWARK, CA 94560 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCDV VAN BEEK, DAVID 7980 ENTERPRISE DR. NEWARK, CA 94560 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN BEEK, DAVID 7980 ENTERPRISE DR. NEWARK, CA 94560 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, DAVID A. 88 KEARNY ST., STE. 1818 SAN FRANCISCO, CA 94108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: DAVID VAN BEEK 4-17-08 510-494-9982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #