

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005988

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: CROWE PARADIS SERVICES CORPORATION

**Current Principal Place of Business:**

55 FERNCROFT ROAD SUITE 404  
DANVERS, MA 01923

**New Principal Place of Business:**

**Current Mailing Address:**

55 FERNCROFT ROAD SUITE 404  
DANVERS, MA 01923

**New Mailing Address:**

FEI Number: 20-5722557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: C ( ) Delete  
Name: UTAY, MARK  
Address: 55 FERNCROFT ROAD SUITE 404  
City-St-Zip: DANVERS, MA 01923

Title: V ( ) Delete  
Name: KOGAN, ERIC  
Address: 55 FERNCROFT ROAD SUITE 404  
City-St-Zip: DANVERS, MA 01923

Title: D ( ) Delete  
Name: GOUNDREY, THOMAS  
Address: 55 FERNCROFT ROAD SUITE 404  
City-St-Zip: DANVERS, MA 01923

Title: P ( ) Delete  
Name: PARADIS, KENNETH  
Address: 55 FERNCROFT ROAD SUITE 404  
City-St-Zip: DANVERS, MA 01923

Title: V ( ) Delete  
Name: BURNS, CHRISTOPHER  
Address: 55 FERNCROFT ROAD SUITE 404  
City-St-Zip: DANVERS, MA 01923

Title: S ( ) Delete  
Name: SCHLESINGER, ADAM  
Address: 55 FERNCROFT ROAD SUITE 404  
City-St-Zip: DANVERS, MA 01923

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: CHRISTOPHER BURNS

VP

02/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date