2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F07000005988

Entity Name: CROWE PARADIS SERVICES CORPORATION

Current Principal Place of Business:

55 FERNCROFT ROAD SUITE 404
DANVERS, MA 01923

New Principal Place of Business:

55 FERNCROFT ROAD, SUITE 201
DANVERS, MA 01923

Current Mailing Address:

55 FERNCROFT ROAD SUITE 404
DANVERS, MA 01923

New Mailing Address:

55 FERNCROFT ROAD, SUITE 201
DANVERS, MA 01923

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AST (X) Change ( ) Addition
Name: BURNS, CHRIS AST
Address: 55 FERNCROFT ROAD, SUITE 201
City-St-Zip: DANVERS, MA 01923

Title: CEO (X) Change ( ) Addition
Name: PARADIS, KENNETH CEO
Address: 55 FERNCROFT ROAD, SUITE 201
City-St-Zip: DANVERS, MA 01923

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: LAURA LOUIS POA 03/19/2009

Electronic Signature of Signing Officer or Director — Date