2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90060 034 ***150.00

DOCUMENT # F55710

1. Entity Name
PARADISE AVIATION-MARINE INC.

Principal Place of Business	Mailing Address
1200 CR 830 POBOX 124 FELDA, FL 33930	PO BOX 124 FELDA, FL 33930

01202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
192 S. Airport Rd.	192 S. Airport Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tavernier FL	City & State: Tavernier, FL
Zip: 33070 Country: USA	Zip: 33070 Country: USA

4. FEI Number: 59-2132172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALKCOM, ROBERT E 608 WRENN STREET TAVERNIER, FL 33070	Name: Balkcom, Robert E. Street Address (P.O. Box Number is Not Acceptable): 192 S. Airport Rd City: Tavernier FL Zip Code: 33070

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: Robert E. Balkcom Robert E. Balkcom
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BALKCOM, ROBERT E POPO 124 1200 CR #830 FELDA, FL 33930	☐ Delete	DP Balkcom, Robert E. 192 S. Airport Rd Tavernier, FL 33070	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BALKCOM, CARRIE POPO 124 1200 CR #830 FELDA, FL 33930	☐ Delete	DST Balkcom, Carrie 192 S. Airport Rd. Tavernier, FL 33070	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ 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: Robert E. Balkcom Robert E. Balkcom 305-852-8584