2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001239

120 THEORY

120 THEORY

GREEN, LISA

120 THEORY

IRVINE, CA 92612

IRVINE, CA 92612

IRVINE, CA 92612

MCMILLAN, RÉBECCA

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Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name: Address:

City-St-Zip:

City-St-Zip:

Entity Name: PARAGON BIOMEDICAL, INC.

FILED Jan 05, 2005 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
120 THEO	RY			120 THEO	RY		
100 IRVINE, C	A 92612			100 IRVINE, CA	92617		
Current Mailing Address:				New Mailing Address:			
120 THEO 100 IRVINE, C				120 THEO 100 IRVINE, CA			
FEI Number:	: 33-0394968	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
236 EAST TALLAHAS The above	RP INCORPOR 6TH AVENUE SSEE, FL 323 named entity of Florida.	: 03 US	e purpose o	f changing i	ts register	red office or registered agent, or be	oth,
SIGNATUR	RE:						
		nic Signature of Registered A	gent			Date	_
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CEOP (REED, NICHOI 120 THEORY IRVINE, CA 92			Title: Name: Address: City-St-Zip:	SVP REED, NIO 120 THEO IRVINE, C		
Title: Name: Address: City-St-Zip:	SV (REED, GENA H 120 THEORY IRVINE, CA 92			Title: Name: Address: City-St-Zip:	CEO REED, GE 120 THEO IRVINE, C	PRY	
Title: Name:	CFOT (OBRIEN, CAR) Delete DL		Title: Name:	CFOT OBRIEN, ((X) Change()Addition CAROL	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

120 THEORY

120 THEORY

IRVINE, CA 92617

IRVINE, CA 92617

SAUCEDO, LISA

IRVINE, CA 92617

120 THEORY

MCMILLAN, REBECCA

(X) Change () Addition

(X) Change () Addition

SIGNATURE: CAROL O'BRIEN CFO 01/05/2005