2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# J91455

Entity Name: PALADIN FINANCIAL SERVICES CORPORATION

Current Principal Place of Business:

1000 SAVAGE CT
103
LONGWOOD, FL 32750 US

New Principal Place of Business:

1000 SAVAGE CT
100
LONGWOOD, FL 32750 US

Current Mailing Address:

1000 SAVAGE CT
103
LONGWOOD, FL 32750 US

New Mailing Address:

1000 SAVAGE CT
100
LONGWOOD, FL 32750 US

FEI Number: 59-2842026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WILLIAM L
140 CLOISTER COVE
CASSELBERRY, FL 32707 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: P ( ) Delete
Name: FOSTER, WILLIAM L.,
Address: 140 CLOISTER COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete
Name: POLK, GREGORY D
Address: 529 E. GRANDVIEW WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POLK, GREGORY D
Address: 2403 WALNUT HEIGHTS ROAD
City-St-Zip: APOPKA, FL 32703

Title: S (X) Change ( ) Addition
Name: SIMS, THEODORE E
Address: 2074 DUNSFORD DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Change (X) Addition
Name: FOSTER, WILLIAM L
Address: 140 CLOISTER COVE
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM L FOSTER D 01/18/2006

Electronic Signature of Signing Officer or Director Date