

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008300

FILED
Feb 15, 2007
Secretary of State

Entity Name: PARAGON ACADEMY OF TECHNOLOGY, INC.

Current Principal Place of Business:

PO BOX 881237
PORT ST LUCIE, FL 34988

New Principal Place of Business:

2210 PIERCE STREET
HOLLYWOOD, FL 33020

Current Mailing Address:

PO BOX 881237
PORT ST LUCIE, FL 34988

New Mailing Address:

4364 NW 103RD TERRACE
SUNRISE, FL 33351

FEI Number: 20-2664172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTZ, MARK H
PO BOX 881237
PORT ST LUCIE, FL 34988 US

Name and Address of New Registered Agent:

RENNA, RONALD P
4364 NW 103RD TERRACE
SUNRISE, FL 33351 US

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: RONALD P RENNA

02/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOTZ, MARK H
Address: PO BOX 881237
City-St-Zip: PORT ST LUCIE, FL 34988

Title: VP () Delete
Name: HACKETT, PAM
Address: 8949 NW 9TH PLACE
City-St-Zip: PLANTATION, FL 33324

Title: S/T () Delete
Name: ANDREWS, WILLIAM F
Address: 4721 NW 27 AVENUE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR (X) Change () Addition
Name: TAYLOR, SHANIKA Y
Address: PO BOX 246556
City-St-Zip: PEMBROKE PINES, FL 33024

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD P RENNA

RA

02/15/2007

Electronic Signature of Signing Officer or Director

Date