2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008301

FILED Apr 29, 2005 Secretary of State

Entity Name: PARAGON ELEMENTARY CHARTER SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business:

7300 W. MCNAB ROAD PO BOX 881237

#217 PORT ST LUCIE, FL 34988

TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

7300 W. MCNAB ROAD PO BOX 881237

#217 PORT ST LUCIE, FL 34988 TAMARAC, FL 33321

FEI Number: 20-2664215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOTZ, MARK H
7300 W. MCNAB ROAD
GOTZ, MARK H
PO BOX 881237

#217 PORT ST LUCIE, FL 34988 US

TAMARAC, FL 33321 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: MARK H GOTZ 04/29/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: GOTZ, MARK H Name: GOTZ, MARK H

Address: 7300 W. MCNAB ROAD, #217 Address: PO BOX 881237

City-St-Zip: TAMARAC, FL 33321 City-St-Zip: PORT ST LUCIE, FL 34988

Title: VP () Delete Title: () Change () Addition

 Name:
 HACKETT, PAM
 Name:

 Address:
 8949 NW 9TH PLACE
 Address:

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:

Title: S/T () Delete Title: () Change () Addition

 Name:
 ANDREWS, WILLIAM F
 Name:

 Address:
 4721 NW 27 AVENUE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33434
 City-St-Zip:

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

SIGNATURE: MARK H GOTZ PRES 04/29/2005