2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008301

FILED Feb 15, 2007 Secretary of State

Entity Name: PARAGON ELEMENTARY CHARTER SCHOOL, INC.

Current Principal Place of Business:		New Principal Place of Business:		
PO BOX 881237 PORT ST LUCIE, FL 34988		3311 N ANDREW'S EXTENSION POMPANO BEACH, FL 33064		
Current Mailing Address:		New Mailing Address:		
PO BOX 881237 PORT ST LUCIE, FL (34988	4364 NW 103RD TERRACE SUNRISE, FL 33351		
FEI Number: 20-2664215	FEI Number Applied For () FEI N	lumber Not Appl	Dicable () Certificate of Status Desired ()	
Name and Address o	f Current Registered Agent:	Name and	d Address of New Registered Agent:	
GOTZ, MARK H PO BOX 881237 PORT ST LUCIE, FL 34988 US The above named entity submits this statement for the purpose		4364 NŴ 1 SUNRISE,	RENNA, RONALD P 4364 NW 103RD TERRACE SUNRISE, FL 33351 US of changing its registered office or registered agent, or both,	
n the State of Florida.	,	0 0		
SIGNATURE: RONAI			02/15/2007	
	ronic Signature of Registered Agent		Date	
OFFICERS AND DIRE	ECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Name: GOTZ, MAR Address: PO BOX 88		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: VP Name: HACKETT, F Address: 8949 NW 9T Dity-St-Zip: PLANTATIOI		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: S/T Name: ANDREWS, Address: 4721 NW 27 City-St-Zip: BOCA RATO Fitle: Name: Address: City-St-Zip:		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SECT () Change (X) Addition GOMEZ, ANA 3311 N ANDREW'S EXT	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition BROXTON, DANA 3311 N ANDREW'S EXT POMPANO BEACH, FL 33064	
ītle: Jame: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition FARIAS, MILDRED 3311 N ANDREW'S EXT POMPANO BEACH, FL 33064	

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