

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 11, 2011**  
**Secretary of State**

DOCUMENT# N10000006786

**Entity Name:** PARADIGM FLUX INC.**Current Principal Place of Business:**3648 HILLIARD RD  
JACKSONVILLE, FL 32217**New Principal Place of Business:****Current Mailing Address:**3648 HILLIARD RD  
JACKSONVILLE, FL 32217**New Mailing Address:****FEI Number:** 61-1620933**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SACKS, DAVID  
1017 LASALLE ST  
JACKSONVILLE, FL 32207 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CLARKE, HANNE  
Address: 12205 MADISON CREEK DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP  
Name: HARVEY, HOLLY  
Address: 4330 PALM ST.  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T  
Name: JACOBS, JEFF  
Address: 4308 PHILLIPS PLACE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SEC  
Name: MCDONOUGH, ADAM  
Address: 3648 HILLIARD RD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DIR  
Name: MCDONOUGH, KIMBERLY  
Address: 3648 HILLIARD RD  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY MCDONOUGH

DIR

03/11/2011

Electronic Signature of Signing Officer or Director

Date