2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# N11000003829

Entity Name: PAULOS GROUP, INC.

Current Principal Place of Business:

3170 AIRMANS DR UNIT 1085-PALO
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

3170 AIRMANS DR UNIT 1085-PALO
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: 45-3141310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, MATTHEW
3170 AIRMANS DR UNIT 1085-PALO
FORT PIERCE, FL 34946 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: P
Name: MCCORMICK, MATTHEW
Address: 3170 AIRMANS DR UNIT 1085-PALO
City-St-Zip: FORT PIERCE, FL 34946

Title: S
Name: GAUTHIER, SHANE
Address: 3170 AIRMANS DR UNIT 1085-PALO
City-St-Zip: FORT PIERCE, FL 34946

Title: D
Name: PHILIP, MICHAEL
Address: 3170 AIRMANS DR UNIT 1085-PALO
City-St-Zip: FORT PIERCE, FL 34946

Title: T
Name: KING, JOSHUA
Address: 3170 AIRMANS DR UNIT 1085-PALO
City-St-Zip: FORT PIERCE, FL 34946

Title: D
Name: OKALL, DAN
Address: 3170 AIRMANS DR UNIT 1085-PALO
City-St-Zip: FORT PIERCE, FL 34946

Title: D
Name: SANDERS, ETHAN
Address: 3170 AIRMANS DR UNIT 1085-PALO
City-St-Zip: FORT PIERCE, FL 34946

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: MATTHEW MCCORMICK P 04/18/2012

Electronic Signature of Signing Officer or Director — Date