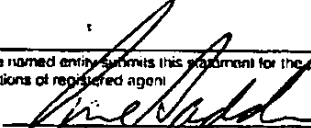
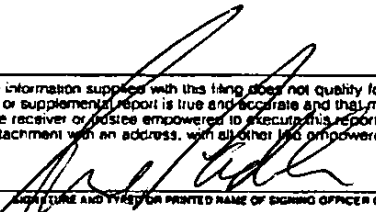


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2006 8:00 am
Secretary of State

04-13-2006 90302 023 ***150.00

DOCUMENT # P00000012993			
1. Entity Name PADDOCK HOLDINGS, INC.			
Principal Place of Business 204 NORTH RIDGEWOOD AVE EDGEWATER FL 32132		Mailing Address 204 NORTH RIDGEWOOD AVE EDGEWATER FL 32132	
2. Principal Place of Business 300 N. Riverside Dr.		3. Mailing Address 300 N. Riverside Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, State Edgewater FL		City, State Edgewater FL	
Zip 32132		Zip 32132	
Country USA		Country USA	
4. FEI Number 59-3624257		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PADDOCK, SPENCER 204 NORTH RIDGEWOOD AVE EDGEWATER FL 32132		7. Name and Address of New Registered Agent Name Spencer Paddock, Spencer Street Address (P.O. Box Number is Not Acceptable) 300 N. Riverside Drive City Edgewater FL Zip Code 32132	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 5/2/06	
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D PADDOCK, SPENCER 204 NORTH RIDGEWOOD AVE EDGEWATER FL 32132			
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete ☐		Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.			
SIGNATURE: 		Date 5-18-06 386409-9877	
PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR		Date	