05/23/2008 14:16 FAX

FILED
Sep 03, 2008 8:00 am
Secretary of State
09-03-2008 90004 030 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000088334

1. Entity Name
ENTERPRISING PARADIGMS OF SOUTH FLORIDA INC.

40115021

Principal Place of Business	Mailing Address
1759 CAVALCADE CT. JACKSONVILLE, FL 32218 US	P.O. BOX 26222 JACKSONVILLE, FL 32226

05192008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #: 3858 Oriely Dr.
Suite, Apt #, etc:
City & State: Jacksonville, FL
Zip: 32210 Country: Duval

3. Mailing Address:
Suite, Apt #, etc:
City & State:
Zip: Country:

4. FEI Number: 65-0754668 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHERMAN, ESTHER S
1759 CAVALCADE CT.
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 3858 Oriely Dr.
City: Jacksonville, FL Zip Code: 32210

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PST SHERMAN, ESTHER S 1759 CAVALCADE CT. JACKSONVILLE, FL 32218	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	3858 Oriely Dr Jacksonville, FL 32210 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: Esther S. Sherman, President (561) 254-5568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #