2008 FOR PROFIT CORPORATION

Feb 28, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P00000097044** 02-28-2008 90017 015 ***150.00 1. Entity Name PARÁGON EASTERN REALTY, INC. 40093000 Principal Place of Business Mailing Address 1906 HARBOURSIDE DR., #301 1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4206 LONGBOAT KEY, FL 34228-4206 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-2833919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HELLER, ROBERT DO NOT WRITE 1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4206 IN THIS SPACE 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HELLER, ROBERT STREET ADDRESS 1906 HARBOURSIDE DR., #301 CITY-ST-ZIP LONGBOAT KEY, FL 342284206 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 emporered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with a corporation of the co

SIGNATURE:

SIGNATURE AN

NAME STREET ADDRESS CITY-ST-ZIP

LINE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED