2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000097051

1. Entity Name 200 PARAGON CORP.



FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4206 Mailing Address

1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4206



02132006

No Chg-P

CR2E034 (11/05)

4. FEI Number 22-3173465

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

HELLER, ROBERT 1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4200

DO NOT WRITE IN THIS SPACE

LONGBOAT KEY, FL 34228-4206			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered	office or 1	registered agent, or b	ooth, in the State of Florida. I am familiar with, and acco	
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable MOTE Registered A	gent signatur	e required when remaining)	DATE	
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution. Added to Fees		\$5.00 May 8e Added to Fees		
10. OFFICERS AND DIRECTORS				_1 .		
THTLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, ROBERT 1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 342284206				0000000474053 04/04/06-80009-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
THILE NAME STREET ADDRESS OTY-ST-21P				DC	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE MAME SIREET ADDRESS CITY-ST-ZIP						
TITLE	·					

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 a life empowered.

SIGNATURE:

NAME STREET ADDRESS CXTY-ST-ZIP

llu

3/11/06

Destina Phone 8