2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# P00000102081

Entity Name: PARAGON HOMES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

12260 SW 53RD STREET
UNIT 602
COOPER CITY, FL 33330

New Principal Place of Business:

5240 S UNIVERSITY DRIVE
UNIT 102
COOPER CITY, FL 33328

Current Mailing Address:

12260 SW 53RD STREET
UNIT 602
COOPER CITY, FL 33330

New Mailing Address:

5240 S UNIVERSITY DRIVE
UNIT 102
COOPER CITY, FL 33328

FEI Number: 65-1076955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEAL, SKLAR
ONE SOUTHEAST THIRD AVENUE
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMET, EDUARDO
Address: 12260 SW 53RD STREET UNIT 602
City-St-Zip: COOPER CITY, FL 33330

Title: STD ( ) Delete
Name: BLESSING, DAVID C
Address: 12260 SW 53RD STREET UNIT 602
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAMET, EDUARDO
Address: 5240 S UNIVERSITY DRIVE #102
City-St-Zip: DAVIE, FL 33328

Title: STD (X) Change ( ) Addition
Name: BLESSING, DAVID C
Address: 5240 S UNIVERSITY DRIVE #102
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BLESSING STD 04/10/2007

Electronic Signature of Signing Officer or Director Date