


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90249 028 ***150.00

DOCUMENT # P01000007018 1. Entity Name PARADISE CHEESECAKES, INC.					
Principal Place of Business 341 PARQUE DR. SUITE #6 ORMOND BEACH, FL 32174			Mailing Address PO BOX 730595 ORMOND BEACH, FL 32173-0595		
2. Principal Place of Business 1220 Hand Ave		3. Mailing Address			
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc.			
City & State Ormond Beach, FL		City & State			
Zip 32174		Country Volusia		Zip	
Country		4. FEI Number 59-3693574			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CALAMIS, ANN M 341 PARQUE DR SUITE 6 ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Ann M Calamis Street Address (P.O. Box Number is Not Acceptable) 1220 Hand Ave Suite C City Ormond Beach FL Zip Code 32174	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME CALAMIS, ANN M STREET ADDRESS PO BOX 730595 CITY-ST-ZIP ORMOND BEACH, FL 321750595	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Ann M Calamis</u> <u>Ann M Calamis</u> 1-10-06 673-7989 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					