

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90339 012 ***150.00

DOCUMENT # P01000027165 1. Entity Name PARADISE MARKETING LIMITED, INC.			
Principal Place of Business 4955 HARBOR WOODS DRIVE PALM HARBOR, FL 34684		Mailing Address 4955 HARBOR WOODS DRIVE PALM HARBOR, FL 34684	
2. Principal Place of Business 10454 Tassel St Suite, Apt. #, etc.		3. Mailing Address 10454 Tassel St Suite, Apt. #, etc.	
City & State Spring Hill, FL		City & State Spring Hill FL	
Zip 34608-3342		Country Hernando	
4. FEI Number 54-2076281		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLENNER, WALTER W ESQ 2708 ALT. 19 NORTH, SUITE 701 PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	DPST ROBERTS, DEBORAH S 4955 HARBOR WOODS DRIVE PALM HARBOR, FL 34684	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Roberts, Deborah S. 10454 Tassel St Spring Hill FL 34608-3342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Deborah S. Roberts</u> Deborah S. Roberts 4/13/05 352-684-3905 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			