2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90050 012 ***150.00

1. Entity Name PARADIGM PLUMBING, INC.	3853				
Principal Place of Business 3825 INVESTMENT LANE STE #10 WEST PALM BEACH, FL 33404	STMENT LANE 3825 INVESTMENT LANE STE #10		40068065		
2. Principal Place of Business - No P.O. Box # 3825 Involunt Law	westmut Lane 3825 Investment Lane				
Suite, Apl. #, etc.	Suite. Apt. #, olc.		04092008 Chg-	P CR2E034 (· · · · · · · · · · · · · · · · · · ·
City & State Whalm Beach FL	City & State W Palm Beach FL		4. FEI Number 65-1099454		Applied For Not Applicable
Zip Country 33404 US	33404	Country 	5. Certificate of Status D		75 Additional Required
STE 10 WEST PALM BEACH, FL 33404 3 8 2 5 Sulte			Investment Lane		
	7	City Pala			Zip Code 33404
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 introduced agent. SIGNATURE Signature, lipsed or printed name a registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND	⊠ Delete	STREET ADDRESS 382	ADDITIONS/CHANGES Talt, Matthe Townshout Polyn Beach, Fl	b	ECTORS IN 11 · Change
ITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	form thech, The		Change Addition
TITLE NAME STREET ADDRESS CITY: ST-ZIP	☐ Delete	NAME STREET ADDRESS COTY-ST-ZIP			Change Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-S1-ZIP			Change
TITLE NAME STREEL ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change
HILE NAME STREET ADDRESS CHY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
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 supplied mental report is true and that my signature shall have the same legal effect as if made under eath; 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 attache any of the anaddress, with all start like empowered.					
SIGNATURE: SIGNATURE SIGNATURE SIGNATURE OBLIG OBLIG					