2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000085744

Entity Name

PADDOCK PARK CORPORATE GENERAL TS, INC.



Principal Place of Business

21301 POWERLINE ROAD SUITE 312 BOCA RATON, FL 33433

Mailing Address

PO BOX 11229

SUITE A KNOXVILLE, FL 37939 FILED Feb 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0652654

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK LANDERS WALTERS & VOGLER PA 802 11TH STREET WEST BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familla	ar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000646294 03/06/07~80025~007	150.00
10. OFFICERS AND DIRECTORS					'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, THOMAS 60 EAST 42ND STREET NEW YORK, NY 10165					•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, THOMAS 60 EAST 42ND STREET NEW YORK, NY 10165					
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TITLE NAME STREET ADDRESS						. *

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 suppliemental 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 redeiver 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 appowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

Thomas Schwartz, President

o hudan

(212) 880-0511

Daytime Phone #