## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE!

## Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P01000085746 04-11-2006 90114 038 \*\*\*150.00 1. Entity Name PADDOCK PARK CORPORATE SL, INC. ....... Principal Place of Business Mailing Address 21301 POWERLINE ROAD SUITE 312 P.O. BOX 11229 BOCA RATON, FL 33433 KNOXVILLE, TX 37939 2. Principal Place of Business 3. Mailing Address 925 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc Suite, Apt. #, etc. 03072006 CR2E034 (11/05) Chg-P SUITE 425 City & State 4 FFt Number Applied For BOCA RATON, FL 33432 58-2648897 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 33432 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BLALOCK LANDERS WALTERS & VOGLER PA** Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST BRADENTON, FL 34205 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE T Change ☐ Addition LEVIN, STEVEN LEVIN, STEVEN NAME NAME STREET ADDRESS 21301 POWERLINE RD STE 312 STREET ADDRESS 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-7IP BOCA RATON, FL 33432 TITLE Delete TITLE ☐ Addition Change LEVIN, STEVEN NAME NAME LEVIN, STEVEN STREET ADDRESS 21301 POWERLINE RD STE 312 STREET ADDRESS 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - □ Delete TIFLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling ploes 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 distense 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.

Steven Levin, President & Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**