

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

06 JAN -4 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



DOCUMENT # P02000008664			
1. Entity Name PARAM DIP CORPORATION			
Principal Place of Business 17890 BLUE STAR HWY QUINCY, FL 32351		Mailing Address PO BOX 128 QUINCY, FL 32353-0128	
2. Principal Place of Business		3. Mailing Address 39 JACK DA.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State QUINCY, FL	
Zip	Country	Zip	Country
32352		32352	Quincy, FL
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATEL, PARESHKUMAR C 17890 BLUE STAR HWY QUINCY, FL 32351		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PARESHKUMAR C PO BOX 128 QUINCY, FL 323530128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800063984758 01/18/06--01079--024 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, DIPTIKA P PO BOX 128 QUINCY, FL 323530128 <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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/06