## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000030179

1. Entity Name

PARADISE ADVERTISING & MARKETING, INC.



Principal Place of Business

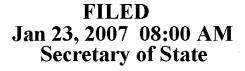
150 SECOND AVE N

SUITE 800 ST. PETERSBURG, FL 33701 Mailing Address

150 SECOND AVE N

SUITE 800

ST. PETERSBURG, FL 33701





## DO NOT WRITE IN THIS SPACE

01032007 No Chg-P

CR2E034 (11/05)

4. FEI Number 75-3029621 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DI MAGGIO, DAVID M 6055 LONG BAYOU WAY N ST. PETERSBURG, FL 33708

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnature 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	
10,	OFFICERS AND DIREC	CTORS .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI MAGGIO, DAVID M 6055 LONG BAYOU WAY N ST. PETERSBURG, FL 33771				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMES, CEDAR 1355 PINELLAS BAYWAY #7 TIERRA VERDE, FL 33715				000000599125 01/25/07+80013-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS CITY-ST-7IP		_			

12. I hereby certify that the information supplied with this filling 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:

SMATURE AND TYPED OR PRINTED NAME OF BIGNING PEFFICIAL OR DIRECTOR

1-22-07 727-521-5155

Daytime Phone #