


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

06-10-2005 90047 008 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P02000052961</b>            |  |
| 1. Entity Name<br>PARADISE RECOVERY, INC. |   |

|   |  |
|---|--|
| Principal Place of Business<br>87445 OVERSEAS HWY<br>ISLAMORADA, FL 33036 | Mailing Address<br>PO BOX 1904<br>ISLAMORADA, FL 33036 |
|---|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><i>Same as above</i> | 3. Mailing Address<br><i>Same as above</i> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |
| City & State   | City & State                               |
| Zip  | Country                                    |



05252005 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br>04-3664086  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>GIULIANO, RANDY<br>87445 OVERSEAS HWY<br>ISLAMORADA, FL 33036 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>GIULIANO, RANDY<br>87445 OVERSEAS HWY<br>ISLAMORADA, FL 33036 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Randy Giuliano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 6-6-05 (305) 852-1861  
Daytime Phone #

# ATTACHMENT

Paradise Recovery Inc.  
dba Paradise Recovery Center  
PO Box 1904  
Islamorada, FL 33036  
(305) 664-4726 \* Fax (305) 664-4973

40087781  
# 102000052961

May 10, 2005

Florida Department of State  
Division of Corporations

To Whom It May Concern:

Re: 04-3664086  
Late Fee

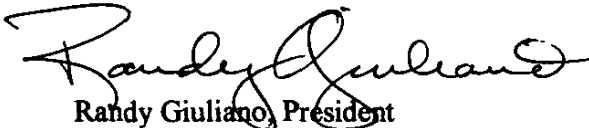
Enclosed please find our corporate filing fee of \$150.00.

For many years we have consistently received the corporate filing form as a reminder from your department when our taxes were due. We have relied heavily on that filing form. This year for some reason we did not receive that form. A few days after May 1<sup>st</sup> we realized the due date had already come and gone. We have three businesses that we are working very hard to recover from the financial devastation last years hurricane season caused; therefore there is no way we can afford to pay the penalty.

Please accept the regular filing payment of \$ 150.00 minus the \$400 late fee.

Thank you in advance for your consideration.

Very sincerely,



Randy Giuliano, President  
Paradise Recovery, inc.